

Fill in this information to identify your case:

Debtor 1	Geddes	Sean Schubert	Gibbs
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)			
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	Middle		District of Pennsylvania
			(State)
Case number (if known)	Chapter you are filing under:		
	<input type="checkbox"/> Chapter 7		
	<input type="checkbox"/> Chapter 11		
	<input type="checkbox"/> Chapter 12		
	<input checked="" type="checkbox"/> Chapter 13		

☐ Check if this is amended filing.

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and *Debtor 1* to refer to a debtor filing alone. A married couple may file a bankruptcy case together-called a *joint* case-and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 11- Identify Yourself

About Debtor 1

About Debtor 2 (Spouse Only in a Joint Case)

1. Your full name

Write the name that is on your government-issued picture identification (for example, your driver's license or passport).

Bring your picture identification to your meeting with the trustee.

Geddes

First name

Sean Schubert

Middle name

Gibbs

Last name

Suffix (Sr., Jr., 11, 111)

First name

Middle name

Last name

Suffix (Sr., Jr., 11, 111)

2. All other names you have used in the last 8 years

Include your married or maiden names.

First name

Middle name

Last name

First name

Middle name

Last name

First name

Middle name

Last name

First name

Middle name

Last name

3. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (TIN)

XXX - XX - **7 9 1 3**

OR

9 XX - XX - _____

XXX - XX - _____

OR

9 XX - XX - _____

Debtor 1

Geddes**Sean Schubert****Gibbs**

First Name

Middle Name

Last Name

Case number (if-...)

About Debtor 1

About Debtor 2 (Spouse Only Joint Case)

4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years

Include trade names and *doing business as* names☐ I have not used any business names or EINs.

Business name

LIVE LIFE SERVICES, LLC

Business name

9 9 - 1 1 4 2 9 0 1
EIN

EIN

☐ I have not used any business names or EINs.

Business name

Business name

-
EIN

EIN

5. Where you live

If Debtor 2 lives at a different address:

59 COACH ROAD

Number Street

59 Coach Road
Stroudsburg, PA 18360

STROUDSBURG

City

Pa

State

18360

ZIP Code

MONROE COUNTY

County

If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.

Number Street

P.O. Box

City

State

ZIP Code

Number Street

City

State

ZIP Code

County

If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.

Number Street

P.O. Box

City

State

ZIP Code

6. Why you are choosing this district to file for bankruptcy

Check one:

☒ Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.☐ I have another reason. Explain.
(See 28 U.S.C. § 1408.)

Check one:

☐ Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.☐ I have another reason. Explain.
(See 28 U.S.C. § 1408.)

Part 2- Tell the Court About Your Bankruptcy Case

7. The chapter of the Bankruptcy Code you are choosing to file under

Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for individuals Filing for Bankruptcy (Form 201 O)). Also, go to the top of page 1 and check the appropriate box.

- ☐ Chapter 7
☐ Chapter 11
☐ Chapter 12
☒ Chapter 13

8. How you will pay the fee

☒ **I will pay the entire fee when I file my petition.** Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.

☒ **I need to pay the fee in installments.** If you choose this option, sign and attach the *Application for Individuals to Pay The Filing Fee in Installments (Official Form 103A)*.

☐ **I request that my fee be waived** (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the *Application to Have the Chapter 7 Filing Fee Waived (Official Form 103B)* and file it with your petition.

9. Have you filed for bankruptcy within the last 8 years?

☐ No

☒ **Yes.** District MIDDLE DISTRICT When 2/27/2023 Case number 5-23-00406
MM / DD / YYYY
District _____ When _____ Case number _____
MM / DD / YYYY
District _____ When _____ Case number _____
MM / DD / YYYY

10. Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?

☒ No

☐ **Yes.** Debtor _____ Relationship to you _____
District _____ When _____ Case number, if known _____
MM / DD / YYYY
Debtor _____ Relationship to you _____
District _____ When _____ Case number, if known _____
MM / DD / YYYY

11. Do you rent your residence?

☒ No. Go to line 12.

☐ Yes. Has your landlord obtained an eviction judgment against you and do you want to stay in your residence?

☐ No. Go to line 12.

☐ Yes. Fill out *Initial Statement About an Eviction Judgment Against You (Form 101A)* and file it with this bankruptcy petition.

Part 3- Report About Any Businesses You Own as a Sole Proprietor

12. Are you a sole proprietor of any full- or parttime business?

- ☒ No. Go to Part 4.
☐ Yes. Name and location of business

A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.

If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.

Name of business, if any

Number Street

City

State

ZIP Code

Check the appropriate box to describe your business:

- ☐ Health Care Business (as defined in 11 U.S.C. § 101 (27A))
☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101 (51 B))
☐ Stockbroker (as defined in 11 U.S.C. § 101 (53A))
☐ Commodity Broker (as defined in 11 U.S.C. § 101 (6))
☐ None of the above

13. Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?

For a definition of *small business debtor*, see 11 U.S.C. § 101 (51 D).

if you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 11 16(l)(B).

- ☒ No. I am not filing under Chapter 11.
☐ No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.
☐ Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code.

Part 4- Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention

14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?

For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?

- ☒ No
☐ Yes. What is the hazard?

If immediate attention is needed, why is it needed?

Where is the property?

Number Street

City

State

ZIP Code

Part 5- Explain Your Efforts to Receive a Briefing About Credit Counseling**15. Tell the court whether you have received a briefing about credit counseling.**

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1

You must check one:

- ☒ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

- ☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition you MUST file a copy of the certificate and payment plan, if any.

- ☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

- ☐ I am not required to receive a briefing about credit counseling because of:

☐ **Incapacity.** I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ **Disability.** My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ **Active duty.** I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court

About Debtor 2 (Spouse Only In a Joint Case)

You check one.

- ☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

- ☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

- ☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

- ☐ I am not required to receive a briefing about credit counseling because of:

☐ **Incapacity.** I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ **Disability.** My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ **Active duty.** I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Debtor 1

Geddes

First Name

Sean Schubert

Middle Name

Gibbs

Last Name

Case number (if known)

Part 6- Answer These Questions for Reporting Purposes**16. What kind of debts do you have?****16a. Are your debts primarily consumer debts?** *Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

- ☐ No. Go to line 16b.
☒ Yes. Go to line 17.

16b. Are your debts primarily business debts? *Business debts* are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.

- ☒ No. Go to line 16c.
☐ Yes. Go to line 17.

16c. State the type of debts you owe that are not consumer debts or business debts.**17. Are you filing under Chapter 7?**☒ No. I am not filing under Chapter 7. Go to line 18.

Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?

- ☐ Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors?
- ☐ No
☐ Yes

18. How many creditors do you estimate that you owe?

- ☒ 1-49
☐ 50-99
☐ 100-199
☐ 200-999
- ☐ 1,000-5,000
☐ 5,001-10,000
☐ 10,001-25,000
- ☐ 25,001-50,000
☐ 50,001-100,000
☐ More than 100,000

19. How much do you estimate your assets to be worth?

- ☐ \$0-\$50,000
☐ \$50,000-\$100,000
☒ \$100,000-\$500,000
☐ \$500,000-\$1 million
- ☐ \$1,000,000-\$10 million
☐ \$10,000,000-\$100 million
☐ \$100,000,000-\$1 billion
- ☐ \$500,000,000-\$1 billion
☐ \$1,000,000,000-\$10 billion
☐ \$10,000,000,000-\$50 billion
☐ More than \$50 billion

20. How much do you estimate your liabilities to be?

- ☒ \$0-\$50,000
☐ \$50,000-\$100,000
☐ \$100,000-\$500,000
☐ \$500,000-\$1 million
- ☐ \$1,000,000-\$10 million
☐ \$10,000,000-\$100 million
☐ \$100,000,000-\$1 billion
- ☐ \$500,000,000-\$1 billion
☐ \$1,000,000,000-\$10 billion
☐ \$10,000,000,000-\$50 billion
☐ More than \$50 billion

Part 7- Sign Below**For you**

I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.

If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11, 12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.

If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

X Geddes Sean Schubert Gibbs

Signature of Debtor 1

X

Signature of Debtor 2

Executed on 2/26/2024
MM/DD/YYExecuted on 2/26/24
MM/DD/YY

Debtor 1 Geddes Sean Schubert Gibbs
First Name Middle Name Last Name

Case number (if--)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page.

I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

X

Date

2/26/2024

Signature of Attorney for Debtor

MM / DD / YYYY

Printed name

Firm name

Number Street

City

State

ZIP Code

Contact phone

Email address

Bar number

State

Debtor 1

Geddes

First Name

Sean Schubert

Middle Name

Gibbs

Last Name

Case number (if any)

For you if you are filing this bankruptcy without an attorney

If you are represented by an attorney, you do not need to file this page.

The law allows you, as an individual, to represent yourself in bankruptcy court, but **you should understand that many people find it extremely difficult to represent themselves successfully. Because bankruptcy has long-term financial and legal consequences, you are strongly urged to hire a qualified attorney.**

To be successful, you must correctly file and handle your bankruptcy case. The rules are very technical, and a mistake or inaction may affect your rights. For example, your case may be dismissed because you did not file a required document, pay a fee on time, attend a meeting or hearing, or cooperate with the court, case trustee, U.S. trustee, bankruptcy administrator, or audit firm if your case is selected for audit. If that happens, you could lose your right to file another case, or you may lose protections, including the benefit of the automatic stay.

You must list all your property and debts in the schedules that you are required to file with the court. Even if you plan to pay a particular debt outside of your bankruptcy, you must list that debt in your schedules. If you do not list a debt, the debt may not be discharged. If you do not list property or properly claim it as exempt, you may not be able to keep the property. The judge can also deny you a discharge of all your debts if you do something dishonest in your bankruptcy case, such as destroying or hiding property, falsifying records, or lying. Individual bankruptcy cases are randomly audited to determine if debtors have been accurate, truthful, and complete. **Bankruptcy fraud is a serious crime; you could be fined and imprisoned.**

If you decide to file without an attorney, the court expects you to follow the rules as if you had hired an attorney. The court will not treat you differently because you are filing for yourself. To be successful, you must be familiar with the United States Bankruptcy Code, the Federal Rules of Bankruptcy Procedure, and the local rules of the court in which your case is filed. You must also be familiar with any state exemption laws that apply.

Are you aware that filing for bankruptcy is a serious action with long-term financial and legal consequences?

☐ No
☒ Yes

Are you aware that bankruptcy fraud is a serious crime and that if your bankruptcy forms are inaccurate or incomplete, you could be fined or imprisoned?

☐ No
☒ Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out your bankruptcy forms?

☒ No
☐ Yes. Name of Person _____

Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

By signing here, I acknowledge that I understand the risks involved in filing without an attorney. I have read and understood this notice, and I am aware that filing a bankruptcy case without an attorney may cause me to lose my rights or property if I do not properly handle the case.

X Geddes Sean Schubert Gibbs
 Signature of Debtor 1

Date 2/26/2024
 MM/DD/YYYY

Contact phone _____

Cell phone (347) 403-6330

Email address geddesgibbs@yahoo.com

X _____

Signature of Debtor 2

Date 2/26/2024
 MM/DD/YYYY

Contact phone _____

Cell phone _____

Email address _____

Fill in this information to identify your case:

Debtor 1 Geddes Sean Schubert Gibbs
First Name Middle Name Last Name

Debtor 2
 (Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: Middle District of Pennsylvania
(State)

Case number _____
(if known)

☐ Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

Part I - Summarize Your Assets

Your assets
 Value of what you own

1 Schedule A/B: Property (Official Form 106A/B)

Copy line 55, Total real estate, from Schedule A/B \$453,900.00

1 b Copy line 62, Total personal property, from Schedule A/B \$22,000.00

Copy line 63, Total of all property on Schedule A/B \$475,900.00

Part 2- Summarize Your Liabilities

Your liabilities
 Amount you owe

2 Schedule D- Creditors Who Have Claims Secured by Property (Official Form 106D)

Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D \$ 43,000.00

3 Schedule E/F: Creditors Who Have *Unsecured Claims* (Official Form 106E/F)

Copy the total claims from Part 1 (**priority unsecured claims**) from line 5e of Schedule E/F \$ 27,060.00

3b Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F + \$ 336,918.19

Your total liabilities \$ 406,978.19

Part 3- Summarize Your Income and Expenses

4 Schedule I- Your Income (Official Form 106I)

Copy your combined monthly income from line 12 of Schedule I \$ 4,000.00

5 Schedule J- Your Expenses (Official Form 106J)

Copy monthly from line 22c of Schedule J \$ 1,848.00

Debtor 1

Geddes

First Name

Sean Schubert

Middle Name

Gibbs

Last Name

Case number

Part 4- Answer These Questions for Administrative and Statistical Records**6. Are you filing for bankruptcy under Chapters 7, 11, or 13 ?**☐ No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.☒ **yes****7. What kind of debt do you have?**☒ **Your debts are primarily consumer debts.** Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101 (8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.☐ **Your debts are not primarily consumer debts.** You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.**8. From the Statement of Your Current Monthly Income:** Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14,**\$4,000.00****9. Copy the following special categories of claims from Part 4, line 6 of Schedule EIF:****Total claim****From Part 4 on Schedule EIF, copy the following:**

9a. Domestic support obligations (Copy line 6a.)

\$

9b. Taxes and certain other debts you owe the government. (Copy line 6b.)

\$ 20,100

9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)

\$ 0.00

9d. Student loans. (Copy line 6f.)

\$ 55,000

9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)

\$ 0.00

9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)

+ \$ 0.009g. **Total.** Add lines 9a through 9f.75,100.00

Fill in this information to identify your case and this filing:

Debtor 1 Geddes Sean Schubert Gibbs
First Name Middle Name Last Name

Debtor 2 _____
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: Middle District of Pennsylvania
(State)

Case number _____

☐ Check if this is an amended filing

Official Form 106A/B

Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1 - Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In

1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?

- ☐ No. Go to Part 2.
☒ Yes. Where is the property?

1.1. 59 COACH ROAD
Street address, if available, or other description

STROUDSBURG Pa 18360
City State ZIP Code

MONROE
County

What is the property? Check all that apply.

- ☒ Single-family home
☐ Duplex or multi-unit building
☐ Condominium or cooperative
☐ Manufactured or mobile home
☐ Land
☐ Investment property
☐ Timeshare
☐ Other _____

Who has an interest in the property? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

Other information you wish to add about this item, such as local property identification number: _____

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Current value of the entire property? \$ \$453,900.00
Current value of the portion you own? \$ \$453,900.00

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

FEE SIMPLE; CURRENT VALUE BASED ON ESTIMATE ON ZILLOW AS OF MAY 31, 2023.

☐ Check if this is community property (see instructions)

If you own or have more than one, list here:

1.2. _____
Street address, if available, or other description

City State ZIP Code

County

What is the property? Check all that apply.

- ☐ Single-family home
☐ Duplex or multi-unit building
☐ Condominium or cooperative
☐ Manufactured or mobile home
☐ Land
☐ Investment property
☐ Timeshare
☐ Other _____

Who has an interest in the property? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

Other information you wish to add about this item, such as local property identification _____

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property..

Current value of the entire property? _____
Current value of the portion you own? \$ \$0.00

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

☐ Check if this is community property (see instructions)

Debtor 1

Geddes

First Name

Sean Schubert

Middle Name

Gibbs

Last Name

Case number

1.3.

Street address, if available, or other description

City

State

ZIP Code

County

What is the property? Check all that apply.

- ☐ Single-family home
☐ Duplex or multi-unit building
☐ Condominium or cooperative
☐ Manufactured or mobile home
☐ Land
☐ Investment property
☐ Timeshare
☐ Other

Who has an interest in the property? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

Other information you wish to add about this item, such as local property identification number:

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property

Current value of the entire property? Current value of the portion you own?

\$ \$

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

☐ Check if this is community property (see instructions)

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here.

\$ **453,900.00**
☐ ADDITIONAL PAGES ATTACHED
Part 2-**Describe Your Vehicles****453,900.00**

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G- Executory Contracts and Unexpired Leases.

3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles

- ☐ No
☐ Yes

3.1. Make:

Model:

Year:

Approximate mileage:

Other information:

Who has an interest in the property? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ Check if this is community property (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property

Current value of the entire property? Current value of the portion you own?

\$ \$

If you own or have more than one, describe here:

3.2. Make:

Model:

Year:

Approximate mileage:

Other information

Who has an interest in the property? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ Check if this is community property (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property

Current value of the entire property? Current value of the portion you own?

\$ \$

3.3. Make: INFINITI
 Model: INFINITI X56
 Year: 2010
 Approximate mileage: 194000
 Other information:

Who has an interest in the property? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

Current value of the entire property? Current value of the portion you own?

\$ \$5,600.00 \$ \$5,600.00

☐ Check if this is community property (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property

3.4. Make: _____
 Model: _____
 Year: _____
 Approximate mileage: _____
 Other information:

Who has an interest in the property? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

Current value of the entire property? Current value of the portion you own?

\$ _____ \$ _____

☐ Check if this is community property (see instructions)

4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories

Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories

- ☐ No
☐ Yes

4.1. Make: _____
 Model: _____
 Year: _____
 Other information:

Who has an interest in the property? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property

Current value of the entire property? Current value of the portion you own?

\$ _____ \$ _____

☐ Check if this is community property (see instructions)

If you own or have more than one, list here:

4.2. Make: _____
 Model: _____
 Year: _____
 Other information:

Who has an interest in the property? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property

Current value of the entire property? Current value of the portion you own?

\$ _____ \$ _____

☐ Check if this is community property (see instructions)

\$5,600.00

5. Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here

\$ \$5,600.00

Part 3- Describe Your Personal and Household Items

Do you own or have any legal or equitable interest in any of the following items?

Current value of the portion you own?

Do not deduct secured claims or exemption

6. Household goods and furnishings

Examples: Major appliances, furniture, linens, china, kitchenware

☐ No

☒ Yes. Describe TABLES (3) , CHAIRS(8), BEDS (4), LINENS, FREEZER (2); COUCHES (2);STOVE; REFRIGERATOR (1) \$ \$6,000.00

7. Electronics

Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games

☐ No

☒ Yes. Describe COMPUTER(3); TV (3) LAPTOP (2); PRINTER(1) SCANNER(1) CELL PHONE(3) \$ _____

8. Collectibles of value

Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles

☒ No

☐ Yes. Describe _____ \$ _____

9. Equipment for sports and hobbies

Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments

☐ No

☒ Yes. Describe carpentry tools \$ \$300.00

10. Firearms

Examples: Pistols, rifles, shotguns, ammunition, and related equipment

☐ No

☒ Yes. Describe PISTOLS (2); SHOTGUN \$ \$1,500.00

11. Clothes

Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories

☐ No

☒ Yes. Describe WARDROBE \$ \$1,000.00

12. Jewelry

Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver

☒ No

☐ Yes. Describe WEDDING RINGS (2); WATCHES (2) \$ \$2,000.00

13. Non-farm animals

Examples: Dogs, cats, birds, horses

☒ No

☐ Yes. Describe _____ \$ _____

14. Any other personal and household items you did not already list, including any health aids you did not list

☐ No

☐ Yes. Give specific information _____ \$ _____

Sub-Total \$10,800.00

15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here _____

\$ 16,400.00

Part 4- Describe Your Financial Assets

Do you own or have any legal or equitable interest in any of the following?~

Current value of the
portion you own')

Do not deduct secured
claims or exemption

16. Cash

Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition

☒ No

☐ Yes _____ Cash: _____ \$ _____

17. Deposits of money

Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.

☒ No

☐ Yes _____ Institution name: _____

17.1. Checking account:	_____	\$ _____
17.2. Checking account:	_____	\$ _____
17.3. Savings account:	_____	\$ _____
17.4. Savings account:	_____	\$ _____
17.5. Certificates of deposit:	_____	\$ _____
17.6. Other financial account:	_____	\$ _____
17.7. Other financial account:	_____	\$ _____
17.8. Other financial account:	_____	\$ _____
17.9. Other financial account:	_____	\$ _____
		\$ _____

18. Bonds, mutual funds, or publicly traded stocks

Examples: Bond funds, investment accounts with brokerage firms, money market accounts

☒ No

☐ Yes _____ Institution or issuer name: _____
\$ _____
\$ _____
\$ _____
\$ _____

19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture

☒ No

Name of entity:	% of ownership:	
_____	_____ %	\$ _____
_____	_____ %	\$ _____
_____	_____ %	\$ _____
		\$ _____

20. Government and corporate bonds and other negotiable and non-negotiable instruments

Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders.
Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them.

☒ No

☐ Yes. Give specific information about them.

Issuer name: _____ \$ _____
 _____ \$ _____
 _____ \$ _____
 _____ \$ _____

21. Retirement or pension accounts

Examples: Interests in IRA, ERISA, Keogh, 401 (k), 403(b), thrift savings accounts, or other pension or profit-sharing plans

☒ No

☐ Yes. List each account separately.. Type of account: Institution name:

401 (k) or similar plan: _____ \$ _____

Pension plan: _____ \$ _____

IRA: _____ \$ _____

Retirement account: _____ \$ _____

Keogh: _____ \$ _____

Additional account, _____ \$ _____

Additional account: _____ \$ _____

(sub-total) \$ _____

22. Security deposits and prepayments

Your share of all unused deposits you have made so that you may continue service or use from a company
Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others

☒ No

☐ Yes

Institution name or individual:

Electric: _____ \$ _____

Gas: _____ \$ _____

Heating oil: _____ \$ _____

Security deposit on rental unit: _____ \$ _____

Prepaid rent: _____ \$ _____

Telephone: _____ \$ _____

Water: _____ \$ _____

Rented furniture: _____ \$ _____

Other: _____ \$ _____

(sub-total) \$ _____

23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years)

☒ No

☐ Yes

Issuer name and description: _____ \$ _____
 _____ \$ _____
 _____ \$ _____

(sub-total) \$ _____

Debtor 1

Geddes

First Name

Sean Schubert

Middle Name

Gibbs

Last Name

Case number

24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

☒ No☐ Yes

Institution name and description. Separately file the records of any interests. 11 U.S.C. § 521 (c)-

\$ _____

\$ _____

\$ _____

\$ _____

25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit☒ No☐ Yes. Give specific

information about them... i

\$ _____

26. Patents, copyrights, trademarks, trade secrets, and other intellectual property

Examples: Internet domain names, websites, proceeds from royalties and licensing agreements

☒ No☐ Yes. Give specific

information about them... i

\$ _____

27. Licenses, franchises, and other general intangibles

Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

☒ No☐ Yes. Give specific

information about them... i

\$ _____

Money or property owed to you?

**Current value of the
portion you own?**
Do o
(la nls or exemptions)

28. Tax refunds owed to you☒ No☐ Yes. Give specific information
about them, including whether
you already filed the returns
and the tax years.

Federal:

\$ _____

State:

\$ _____

Local:

\$ _____

29. Family support

Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement

☒ No☐ Yes. Give specific information.

Alimony:

\$ _____

Maintenance:

\$ _____

Support:

\$ _____

Divorce settlement:

\$ _____

Property settlement:

\$ _____

30. Other amounts someone owes you

Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

☐ No☐ Yes. Give specific information.

\$ _____

31. Interests in insurance policies

Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance

☒ No

☐ Yes. Name the insurance company of each policy and list its value... Company name: Beneficiary: Surrender or refund value:
\$ _____
\$ _____
\$ _____

32. Any interest in property that is due you from someone who has died

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

☒ No

☐ Yes. Give specific information. \$ _____

33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment

Examples: Accidents, employment disputes, insurance claims, or rights to sue

☐ No

☒ Yes. Describe each claim Freedom Mortgage \$ **\$500,000.00**

34. Other contingent and unliquidated claims of including counterclaims of the debtor and rights to set off claims

☒ No

☐ Yes. Describe each claim \$ _____

35. Any financial assets you did not already list

☒ No

☐ Yes. Give specific information. \$ _____

36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here

Sub-Total

\$ _____

Part 5- Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.

37. Do you own or have any legal or equitable interest in any business-related property?

☒ No. Go to Part 6.

☐ Yes. Go to line 38.

Current value of the portion you own')

38. Accounts receivable or commissions you already earned

☒ No

☐ Yes. Describe _____

39. Office equipment, furnishings, and supplies

Examples: Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices

☒ No

☐ Yes. Describe ... \$ _____

40. Machinery, fixtures, equipment, supplies you use in business, and tools of your trade

- ☒ No
☐ Yes. Describe ... \$ _____

41. Inventory

- ☒ No
☐ Yes. Describe ... \$ _____

42. Interests in partnerships or joint ventures

- ☒ No
☐ Yes. Describe ... Name of entity: % of ownership: \$ _____
_____% \$ _____
_____% \$ _____
_____% \$ _____

43. Customer lists, mailing lists, or other compilations

- ☒ No
☐ Yes. Do your lists include personally identifiable information (as defined 11 U.S.C. § 101 (41 A))?
☐ No
☐ Yes. Describe ... \$ _____

44. Any business-related property you did not already list

- ☒ No
☐ Yes. Give specific information \$ _____
\$ _____
\$ _____
\$ _____
\$ _____
\$ _____

45. Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached for Part 5. Write that number here

\$ 0.00

Part 6-

Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.
If you own or have an interest in farmland, list it in Part 1.

46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?

- ☐ No. Go to Part 7.
☐ Yes. Go to line 47.

Current value of the
portion you own ?

47. Farm animals

Examples: Livestock, poultry, farm-raised fish

- ☐ No
☐ Yes \$ _____

Do not deduct secured
claims or exemptions.

48. Crops-either growing or harvested

☒ No _____
☐ Yes. Give specific information. _____ \$ _____

49. Farm and fishing equipment, implements, machinery, fixtures, and tools of trade

☒ No _____
☐ Yes _____ \$ _____

50. Farm and fishing supplies, chemicals, and feed

☒ No _____
☐ Yes _____ \$ _____

51. Any farm- and commercial fishing-related property you did not already list

☒ No _____
☐ Yes. Give specific information. _____ \$ _____

Sub-total

52. Add the dollar value of all of your entries from Part 6, including any entries for pages you have attached
Part Write that

→ \$ _____

Part 7- Describe All Property You Own or Have an Interest in That You Did Not List Above

53. Do you have other property of any kind you did not already list?

Examples: Season tickets, country club membership

☒ No _____ \$ _____
☐ Yes. Give specific information. _____ \$ _____
_____ \$ _____

54. Add the dollar value of all of your entries from Part 7. Write that number here

4 \$ **\$0.00**

Part List the Totals of Each Part of this Form

55. Part 1 - Total real estate, line 2 → \$ **\$453,900.00**

56. Part 2- Total vehicles, line 5 \$ **\$5,600.00**

57. Part 3- Total personal and household items, line 15 \$ **\$16,400.00**

58. Part 4- Total financial assets, line 36 \$ **\$0.00**

59. Part 5- Total business-related property, line 45 \$ **\$0.00**

60. Part 6- Total farm- and fishing-related property, line 52 \$ **\$0.00**

61. Part 7- Total other property not listed, line 54 • \$ **\$0.00**

62. Total personal property. Add lines 56 through 61 \$ **\$22,000.00** Copy personal property total → • \$ **\$22,000.00**

63. Total of all property on Schedule A/B. Add line 55 + line 62 \$ **\$475,900.00**

Fill in this information to identify your case:

Debtor 1 Geddes Sean Schubert Gibbs
First Name Middle Name Last Name

Debtor 2 _____
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: Middle District of Pennsylvania
(State)

Case number _____
(if known)

☐ Check if this is an amended filing

Official Form 106C

Schedule C: The Property You Claim as Exempt

04/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of Part 2- *Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds maybe unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 11- Identify the Property You Claim as Exempt

1. Which set of exemptions are you claiming? *Check one only, even if your spouse is filing with you.*

- ☒ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own <small>Copy the value from Schedule A/B</small>	Amount of the exemption you claim <small>Check only one box for each exemption.</small>	Specific laws that allow exemption
Brief description: <u>59 COACH ROAD</u> Line from Schedule A/B: _____	\$ <u>\$453,900.00</u>	<input checked="" type="checkbox"/> \$ <u>\$453,900.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Brief description: _____ Line from Schedule A/B: _____	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	WILDCARD EXEMPTION
Brief description: <u>TABLES (3), CHAIRS (6), BEDS (4), LINENS, FREEZER (2); COUCHES (2), STOVE, REFRIGERATOR (1)</u> Line from Schedule A/B: _____	\$ <u>\$6,000.00</u>	<input type="checkbox"/> \$ <u>\$6,000.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	(\$ 42-8124) PERSONAL PROPERTY

3. Are you claiming a homestead exemption of more than \$170,350??

(Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.)

- ☐ No
☐ Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?
☐ No
☐ Yes

Part 2- Additional Page

Brief description of the property and on Schedule AIB that lists this property	Current value of the portion you own Copy the value from Schedule AIB	Amount of the exemption you claim Check only one box for each exemption.	Specific laws that allow exemption
Brief description: <u>COMPUTER(3); TV (3) LAPTOP (2); PRINTER(1) SCANNER(1) CELL PHONE(3)</u>	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 1 00% of fair market value, up to any applicable statutory limit	(§ 42-8124) PERSONAL PROPERTY
Line from Schedule AIB: _____			
Brief description: _____	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 1 00% of fair market value, up to any applicable statutory limit	
Line from Schedule AIB: _____			
Brief description: <u>carpentry tools</u>	\$ <u>300.00</u>	<input type="checkbox"/> \$ <u>300.00</u> <input type="checkbox"/> 1 00% of fair market value, up to any applicable statutory limit	(§ 42-8124) PERSONAL PROPERTY
Line from Schedule AIB: _____			
Brief description: <u>PISTOLS (2); SHOTGUN</u>	\$ <u>1500</u>	<input type="checkbox"/> \$ <u>1500</u> <input type="checkbox"/> 1 00% of fair market value, up to any applicable statutory limit	(§ 42-8124) PERSONAL PROPERTY
Line from Schedule AIB: _____			
Brief description: <u>WARDROBE</u>	\$ <u>1000</u>	<input type="checkbox"/> \$ <u>1000</u> <input type="checkbox"/> 1 00% of fair market value, up to any applicable statutory limit	(§ 42-8124) PERSONAL PROPERTY
Line from Schedule AIB: _____			
Brief description: <u>WEDDING RINGS (2); WATCHES (2)</u>	\$ <u>2000</u>	<input type="checkbox"/> \$ <u>2000</u> <input type="checkbox"/> 1 00% of fair market value, up to any applicable statutory limit	(§ 42-8124) PERSONAL PROPERTY
Line from Schedule AIB: _____			
Brief description: _____	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 1 00% of fair market value, up to any applicable statutory limit	
Line from Schedule AIB: _____			
Brief description: _____	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 1 00% of fair market value, up to any applicable statutory limit	
Line from Schedule AIB: _____			
Brief description: _____	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 1 00% of fair market value, up to any applicable statutory limit	
Line from Schedule AIB: _____			
Brief description: _____	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 1 00% of fair market value, up to any applicable statutory limit	
Line from Schedule AIB: _____			
Brief description: _____	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 1 00% of fair market value, up to any applicable statutory limit	
Line from Schedule AIB: _____			
Brief description: _____	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 1 00% of fair market value, up to any applicable statutory limit	
Line from Schedule AIB: _____			

Fill in this information to identify your case:

Debtor 1 Geddes Sean Schubert Gibbs
First Name Middle Name Last Name

Debtor 2
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: Middle District of Pennsylvania
(State)

Case number _____
(if known)

☐ Check if this is an amended filing

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

1. Do any creditors have claims secured by your property?

- ☐ No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

Part 1 - List All Secured Claims

2. List all secured claims (if a creditor has more than one secured claim, list the creditor separately). Amount of claim
For each claim, list the creditor's name, the property that secures the claim, the amount of the claim, the value of the collateral, and the unsecured portion of the claim. List the claims in alphabetical order, according to the creditor's name.

2.1	Ally Financial	Describe the property that secures the claim.	Amount of claim of or collateral	Value of collateral that supports this claim	Unsecured portion of claim If any
			\$25,000.00	\$17,000.00	\$7,000.00

Number Street
P.O. Box 380901
Bloomington, MN 55438
City State ZIP Code

2014 RAM 2500

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☒ Unliquidated THIS IS A CHARGE OFF ; UNCOLLECTABLE ACCOUNT; THIS FULL AMOUNT OF THE CLAIM IS DISPUTED.
☐ Disputed

Nature of lien. Check all that apply.

- ☐ An agreement you made (such as mortgage or secured car loan)
☐ Statutory lien (such as tax lien, mechanic's lien)
☐ Judgment lien from a lawsuit
☐ Other (including a right to offset)

Who owes the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ Check if this claim relates to a community debt

Date debt was incurred _____

Last 4 digits of account number _____

2.2 Toyota Financial Services

Creditor's Name
Number Street
P.O. Box 9786
Cedar Rapids, IA 52409
City State ZIP Code

2017 TOYOTA SIENNA

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☒ Unliquidated
☐ Disputed

Nature of lien. Check all that apply.

- ☐ An agreement you made (such as mortgage or secured car loan)
☐ Statutory lien (such as tax lien, mechanic's lien)
☐ Judgment lien from a lawsuit
☐ Other (including a right to offset)

Who owes the debt? Check one.

- ☒ Debtor 1 only Toyota Financial Services
P.O. Box 9786
Cedar Rapids, IA 52409
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ Check if this claim relates to a community debt

Date debt was incurred _____

Last 4 digits of account number _____

Add the dollar value of your entries in Column A on this page. Write that number here

Part I -	Additional Page	Column A	Column B	Column C
	After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.	Amount of claim Do not deduct the value of collateral	Value of collateral that supports this portion of claim	Unsecured portion of claim
1	<p>Describe the property that secures the claim: _____ \$ _____</p> <p>Creditor's Name _____</p> <p>Number _____ Street _____</p> <p>City _____ State _____ ZIP Code _____</p> <p>Who owes the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim relates to a community debt</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Nature of lien. Check all that apply.</p> <p><input type="checkbox"/> An agreement you made (such as mortgage or secured car loan)</p> <p><input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien)</p> <p><input type="checkbox"/> Judgment lien from a lawsuit</p> <p><input type="checkbox"/> Other (including a right to offset) _____</p> <p>Date debt was incurred _____ Last 4 digits of account number _____</p>			
2	<p>Describe the property that secures the claim: _____ \$ _____</p> <p>Creditor's Name _____</p> <p>Number _____ Street _____</p> <p>City _____ State _____ ZIP Code _____</p> <p>Who owes the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim relates to a community debt</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Nature of lien. Check all that apply.</p> <p><input type="checkbox"/> An agreement you made (such as mortgage or secured car loan)</p> <p><input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien)</p> <p><input type="checkbox"/> Judgment lien from a lawsuit</p> <p><input type="checkbox"/> Other (including a right to offset) _____</p> <p>Date debt was incurred _____ Last 4 digits of account number _____</p>			
3	<p>Describe the property that secures the claim: _____ \$ _____</p> <p>Creditor's Name _____</p> <p>Number _____ Street _____</p> <p>City _____ State _____ ZIP Code _____</p> <p>Who owes the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim relates to a community debt</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Nature of lien. Check all that apply.</p> <p><input type="checkbox"/> An agreement you made (such as mortgage or secured car loan)</p> <p><input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien)</p> <p><input type="checkbox"/> Judgment lien from a lawsuit</p> <p><input type="checkbox"/> Other (including a right to offset) _____</p> <p>Date debt was incurred _____ Last 4 digits of account number _____</p>			
<p>Add the dollar of Column A this page Write that \$ 43,000.00</p> <p>If this the last page of add the dollar totals all pages \$ 43,000.00</p> <p>Write that</p>				

Part 3- List Others to Be Notified About a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2 then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Name _____
Number _____ Street _____
(_____) _____ p _____

On which entry in Part 1 or Part 2 did you list the original creditor?

Line _____ of (Check one): ☐ Part 1 - Creditors with Priority Unsecured Claims
☐ Part 2- Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Name _____
Number _____ Street _____
(_____) _____ s _____ ZP 00 _____

On which entry in Part 1 or Part 2 did you list the original creditor?

Line _____ of (Check one): ☐ Part 1 - Creditors with Priority Unsecured Claims
☐ Part 2- Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Name _____
Number _____ Street _____
(_____) _____ s _____ -1.

On which entry in Part 1 or Part 2 did you list the original creditor?

Line _____ of (Check one): ☐ Part 1 - Creditors with Priority Unsecured Claims
☐ Part 2- Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Name _____
Number _____ Street _____
(_____) _____ s _____

On which entry in Part 1 or Part 2 did you list the original creditor?

Line _____ of (Check one): ☐ Part 1 - Creditors with Priority Unsecured Claims
☐ Part 2- Creditors with Nonpriority Unsecured Claims

Last 4 digits of _____

Name _____
Number _____ Street _____
(_____) _____ s _____

On which entry Part 1 Part 2 did you list the original creditor?

Line _____ of (Check one): ☐ Part 1 - Creditors with Priority Unsecured Claims
☐ Part 2- Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Name _____
Number _____ Street _____
(_____) _____ s _____

On which entry in Part 1 or Part 2 did you list the original creditor?

Line _____ of (Check one): ☐ Part 1 - Creditors with Priority Unsecured Claims
☐ Part 2- Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Name _____
Number _____ Street _____
(_____) _____ s _____

On which entry in Part 1 or Part 2 did you list the original creditor?

Line _____ of (Check one): ☐ Part 1 - Creditors with Priority Unsecured Claims
☐ Part 2- Creditors with Nonpriority Unsecured Claims

Last 4 digits of _____

Fill in this information to identify your case:

Debtor 1	<u>Geddes</u>	<u>Sean Schubert</u>	<u>Gibbs</u>
	First Name	Middle Name	Last Name
Debtor 2			
	(Spouse, if filing) First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<u>Middle</u>	District of	<u>Pennsylvania</u>
			(State)
Case number			
(if known)			

☐ Check if this is an amended filing

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Property* (Official Form 106A/B) and on *Schedule G- Executory Contracts and Unexpired Leases* (Official Form 106G). Do not include any creditors with partially secured claims that are listed in *Schedule D- Creditors Who Have Claims Secured by Property*. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

Part 1- List All of Your PRIORITY Unsecured Claims

Do any creditors have priority unsecured claims against you?

☐ No. Go to Part 2.

☐ Yes.

2 List all of priority 11 creditor has than priority list the creditor separately for For
each claim listed identify what type of it If both priority and nonpriority list it at l d both ity and
ronp iolily As possible list alphabetic al according to the creditor If thar priolily
unsecured claims fill the Co) Page Par] 1 If llian one creollor holos a partlr, ufa rJaim list he o her r- edillors in Part 3
(For air eyplanallon of lypa see lile instructions this foim in file i-)slruc.1 oi booklet)

Total claim Priority amount Nonpriority amount

21 DEPT. OF TREASURY
Creditor's Name
INTERNAL REVENUE SERVICE
Street
P.O. BOX 8208
PHILADELPHIA, PA 19101-8208
State ZIP Code

Last 4 digits of account number \$13,896.00 \$13,896.00 \$

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☒ Unliquidated
☐ Disputed

Type of PRIORITY unsecured claim:

- ☐ Domestic support obligations
☐ Taxes and certain other debts you owe the government
☐ Claims for death or personal injury while you were intoxicated
☐ Other. Specify

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

the claim subject to offset?

- ☐ No
☐ Y. Pennsylvania Dept. of Revenue
Bureau of Individual Taxes
P.O. Box 280603
Harrisburg, PA 17128-0603

22 Pennsylvania Dept. of Revenue Bureau of Individual Taxes
Creditor's Name
P.O. Box 280603
Street
Harrisburg, PA 17128-0603
State ZIP Code

Last 4 digits of account number \$7,641.00 \$ \$

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☒ Unliquidated
☐ Disputed

Type of PRIORITY unsecured claim:

- ☐ Domestic support obligations
☐ Taxes and certain other debts you owe the government
☐ Claims for death or personal injury while you were intoxicated
☐ Other. Specify

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☐
☐

Part 1- Your PRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page number them beginning with 2 3 followed by 2 4 and so forth

	Total claim	Priority amount	Nonpriority amount
--	-------------	-----------------	--------------------

☐ NEW YORK STATE DEPT. OF TAXATION & FINANCE NYS ASSESSMENT RECEIVABLES
NEW YORK STATE DEPT. OF TAXATION & FINANCE
 NYS ASSESSMENT RECEIVABLES
 P.O. BOX 4127
 BINGHAMTON NY 13902-4127

Name _____
 P.O. BOX 4127
 Street _____

BINGHAMTON, NY 13902-4127
State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☐ No
☐ Yes

☐ _____
Name

Street _____

State _____ ZIP Code _____

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☐ No
☐ yes

☐ _____
Creditors Name

Street _____

State _____ ZIP Code _____

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

the claim subject to offset?

- ☐ No
☐ yes

Last 4 digits of account number _____ \$5,523.00 \$5,523.00 \$ _____

When was the debt incurred? 2020-2021

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☒ Unliquidated
☐ Disputed

Type of PRIORITY unsecured claim:

- ☐ Domestic support obligations
☒ Taxes and certain other debts you owe the government
☐ Claims for death or personal injury while you were intoxicated
☐ Other. Specify _____

Last 4 digits of account number _____ \$ _____ \$ _____

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of PRIORITY unsecured claim:

- ☐ Domestic support obligations
☐ Taxes and certain other debts you owe the government
☐ Claims for death or personal injury while you were intoxicated
☐ Other. Specify _____

Last 4 digits of account number _____ \$ _____ \$ _____

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of PRIORITY unsecured claim:

- ☐ Domestic support obligations
☐ Taxes and certain other debts you owe the government
☐ Claims for death or personal injury while you were intoxicated
☐ Other Specify _____

\$ 27,060.00
 (total priority unsecured))

Part 2- List All of Your NONPRIORITY Unsecured Claims

Do any creditors have nonpriority unsecured claims against you?

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.
☐ Yes

4 List all of your nonpriority claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list each claim separately for each creditor. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If a creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims, fill in the Continuation Page. Part 2

Affirm Inc
30 Isabella Street, 4th Floor
Pittsburgh, PA 15212

4.1

Affirm Inc

Nonpriority Creditor's Name

30 Isabella Street, 4th Floor

Pittsburgh, PA

Street

State

15212

ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☐ No
☐ Yes

Ally Financial
P.O. Box 380901
Bloomington, MN 55438

Last 4 digits of account number _____

When was the debt incurred? JAN 2023

Total claim

\$900.00

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☒ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☐ Other. Specify _____

Ally Financial

Creditor's Name

P.O. Box 380901

Street

Bloomington,

MN

State

55438

ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☐ No
☐ Yes

Credit First NA
6275 EASTLAND RD
BROOKPARK, OH 44142

Last 4 digits of account number _____

When was the debt incurred? _____

\$20,854.20

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☒ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☐ Other. Specify _____

Commonwealth of Pennsylvania

Creditor's Name

1211 North 5th Street, Suite 103

Street

Stroudsburg,

PA

State

18360

ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☐ No
☐ YES

Last 4 digits of account number _____

When was the debt incurred? _____

\$1,097.00

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☒ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☐ Other. Specify _____

Page Total

\$22,851.20

Part 2- Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page number them beginning with 4 4 followed by 4 5 and so forth

Dept of Ed / Aidvantage
1891 METRO CENTER DR.
RESTON, VA 20190

Total claim

Dept of Ed / Aidvantage

Name

1891 METRO CENTER DR.

Street

RESTON, VA

20190

State

ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☐ No

☐ Yes **Dignifi**
1800 NE 8th Street,
Suite 210
Bellevue, WA 98004

Name

Street

State

ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☐ No

☐ Yes **FlexShopper**
901 Yamato Rd, Suite 260
Boca Raton, FL 33431

Creditor's Name

Street

State

ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☐ No

☐ Yes

Last 4 digits of account number _____ \$54,594.00

When was the debt incurred? 2010

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☒ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☐ Other. Specify _____

Last 4 digits of account number _____ \$1,932.00

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☒ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☐ Other. Specify _____

Last 4 digits of account number _____ \$797.24

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☒ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☐ Other. Specify _____

57,323.24

(Sub Total Non Priority)

Part 2- Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page number them beginning with 4 4 followed by 4 5 and so forth

Total claim

Freedom Mortgage Corporation
951 Yamato Road
Boca Raton, FL

Freedom Mortgage Corporatio

Name

951 Yamato Road

Street

Boca Raton, FL

33431

State

ZIP Code

Who incurred the debt? Check one.

☒ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☐ No

☐ Yes

KML LAW GROUP, PC
701 MARKET ST.
PHILADELPHIA, PA 19106-1532

KML LAW GROUP, PC

Name

701 MARKET ST.

Street

PHILADELPHIA, PA

19106-1532

State

ZIP Code

Who incurred the debt? Check one.

☒ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☐ No

☐ Yes

Mission Lane Credit Card
Mission Lane LLC
PO Box 105286
Atlanta, GA 30348-5286

Last 4 digits of account number _____

\$273,426.59

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

☐ Contingent

☒ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☐ Other. Specify _____

Last 4 digits of account number _____

\$0.00

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

☐ Contingent

☐ Unliquidated

☒ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify _____

Last 4 digits of account number _____

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☐ Other. Specify _____

5

Part 2- Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page number them beginning with 4 4 followed by 4 5 and so forth

☐ **NPRTO North-East,** Total claim
LLC 256 West Data Drive
Draper, Utah 84020

☐ **NPRTO North-East,**
Name
256 West Data Drive
Street
Draper, Utah **84020**
State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☐ No
☐ Yes

Ollo Credit Card
P.O. Box 9222
Old Bethpage, NY 11804

☐ **Ollo Credit Card**
Name
P.O. Box 9222
Street
Old Bethpage, NY **11804**
State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☐ No
☐ Yes

One Main Financial
P.O. Box 1010
Evansville, IN 47706

☐ **One Main Financial**
Creditor's Name
P.O. Box 1010
Street
Evansville, IN **47706**
State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number _____ **\$4,187.30**

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☐ Other. Specify _____

Last 4 digits of account number _____ **\$1,300.00**

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☐ Other. Specify _____

Last 4 digits of account number _____ **\$9,998.00**

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☒ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☐ Other. Specify _____

Part 2- Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page number them beginning with 4 4 followed by 4 5 and so forth

<div style="border: 1px solid black; width: 30px; height: 30px; margin-bottom: 10px;"></div> <p style="text-align: center;">Sheriff of Monroe County, PA 610 Monroe Street Stroudsburg, PA 18360</p> <hr/> <p style="text-align: center;">Name</p> <hr/> <p style="text-align: center;">Street</p> <hr/> <p style="text-align: center;">State ZIP Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes SNAP Finance Snap Finance LLC, Customer Service, PO Box 26561, Salt Lake City, UT 84126</p> <div style="border: 1px solid black; width: 30px; height: 30px; margin-bottom: 10px;"></div> <p>SNAP Finance; Snap Finance LLC,</p> <hr/> <p style="text-align: center;">Name</p> <p>PO Box 26561,</p> <hr/> <p style="text-align: center;">Street</p> <p>Salt Lake City, UT 84126</p> <hr/> <p style="text-align: center;">State ZIP Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes Synchrony Bank P.O. Box 105972 Atlanta, GA 30348-5972</p> <div style="border: 1px solid black; width: 30px; height: 30px; margin-bottom: 10px;"></div> <p>Synchrony Bank</p> <hr/> <p style="text-align: center;">Creditor's Name</p> <p>P.O. Box 105972</p> <hr/> <p style="text-align: center;">Street</p> <p>Atlanta, GA 30348-5972</p> <hr/> <p style="text-align: center;">State ZIP Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p style="text-align: right;">Total claim</p> <p>Last 4 digits of account number _____ \$0.00</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input type="checkbox"/> Other. Specify _____</p> <p>Last 4 digits of account number _____ \$1,874.06</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input type="checkbox"/> Other. Specify _____</p> <p>Last 4 digits of account number _____ \$731.00</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input type="checkbox"/> Other. Specify _____</p>
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Part 2- Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page number them beginning with 4 4 followed by 4 5 and so forth

<div style="border: 1px solid black; width: 30px; height: 20px; margin: 0 auto;"></div>	<p style="text-align: center;">Toyota Financial Services P.O. Box 9786 Cedar Rapids, IA 52409</p> <hr/> <p style="text-align: center;">Name _____</p> <hr/> <p style="text-align: center;">Street _____</p> <hr/> <p style="text-align: center;">State _____ ZIP Code _____</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p style="text-align: right;">Total claim</p> <p style="text-align: right;">\$15,000.00</p> <p>Last 4 digits of account number _____</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input type="checkbox"/> Other. Specify _____</p>
<div style="border: 1px solid black; width: 30px; height: 20px; margin: 0 auto;"></div>	<p style="text-align: center;">c13</p> <hr/> <p style="text-align: center;">Name _____</p> <hr/> <p style="text-align: center;">Street _____</p> <hr/> <p style="text-align: center;">State _____ ZIP Code _____</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number _____</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRICIRITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input type="checkbox"/> Other. Specify _____</p>
<div style="border: 1px solid black; width: 30px; height: 20px; margin: 0 auto;"></div>	<p style="text-align: center;">Creditor's Name _____</p> <hr/> <p style="text-align: center;">Street _____</p> <hr/> <p style="text-align: center;">State _____ ZIP Code _____</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number _____</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NIONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input type="checkbox"/> Other. Specify _____</p>

Debtor 1

Geddes

Sean Schubert

Gibbs

Case number

First Name

Middle Name

Last Name

Part 2- Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page number them beginning with 4 4 followed by 4 5 and so forth

NEW YORK STATE DEPT. OF TAXATION &
FINANCE
NYS ASSESSMENT RECEIVABLES
P.O. BOX 4127
BINGHAMTON, NY 13902-4127

Total claim

☐

Name

Street

State

ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☐ No
☐ Yes

Last 4 digits of account number \$5,523.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☐ Other. Specify

☐

Name

Street

State

ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☐ No
☐ Yes

Last 4 digits of account number

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☐ Other. Specify

☐

Creditor's Name

Street

State

ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☐ No
☐ Yes

Last 4 digits of account number

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
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☐ Other. Specify

Part 2- Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page number them beginning with 4 4 followed by 4 5 and so forth

Total claim

☐

Name _____
Street _____
State _____ ZIP Code _____

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☐ No
☐ Yes

Last 4 digits of account number _____

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☐ Other. Specify _____

☐

Name _____
Street _____
State _____ ZIP Code _____

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☐ No
☐ Yes

Last 4 digits of account number _____

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☐ Other. Specify _____

☐

Creditor's Name _____
Street _____
State _____ ZIP Code _____

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☐ No
☐ Yes

Last 4 digits of account number _____

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

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☐ Unliquidated
☐ Disputed

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- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☐ Other. Specify _____

Part 2- Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page number them beginning with 4 4 followed by 4 5 and so forth

Total claim

☐

Name _____
Street _____
State _____ ZIP Code _____

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☐ No
☐ Yes

Last 4 digits of account number _____

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☐ Other. Specify _____

☐

Name _____
Street _____
State _____ ZIP Code _____

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☐ No
☐ Yes

Last 4 digits of account number _____

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☐ Other. Specify _____

☐

Creditor's Name _____
Street _____
State _____ ZIP Code _____

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☐ No
☐ Yes

Last 4 digits of account number _____

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☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☐ Other. Specify _____

Part 2- Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page number them beginning with 4 4 followed by 4 5 and so forth

Total claim

☐

Name

Street

State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☐ No
☐ Yes

Last 4 digits of account number _____

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☐ Other. Specify _____

☐

Name

Street

State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☐ No
☐ Yes

Last 4 digits of account number _____

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☐ Other. Specify _____

☐

Creditor's Name

Street

State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☐ No
☐ Yes

Last 4 digits of account number _____

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☐ Other. Specify _____

Part 3- List Others to Be Notified About a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2 then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Name

Number Street

() P

Name

Number Street

() S ZP oo

Name

Number Street

() S.a -1.

Name

Number Street

() S 1.

Name

Number Street

() S 1.

Name

Number Street

() S 1- D.

Name

Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line ____ of (Check one): ☐ Part 1 - Creditors with Priority Unsecured Claims☐ Part 2- Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number ____

On which entry in Part 1 or Part 2 did you list the original creditor?

Line ____ of (Check one): ☐ Part 1 - Creditors with Priority Unsecured Claims☐ Part 2- Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number ____

On which entry in Part 1 or Part 2 did you list the original creditor?

Line ____ of (Check one): ☐ Part 1 - Creditors with Priority Unsecured Claims☐ Part 2- Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number ____

On which entry in Part 1 or Part 2 did you list the original creditor?

Line ____ of (Check one): ☐ Part 1 - Creditors with Priority Unsecured Claims☐ Part 2- Creditors with Nonpriority Unsecured Claims

Last 4 digits of ____

On which entry Part 1 Part 2 did you list the original creditor?

Line ____ of (Check one): ☐ Part 1 - Creditors with Priority Unsecured Claims☐ Part 2- Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number ____

On which entry in Part 1 or Part 2 did you list the original creditor?

Line ____ of (Check one): ☐ Part 1 - Creditors with Priority Unsecured Claims☐ Part 2- Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number ____

On which entry in Part 1 or Part 2 did you list the original creditor?

Line ____ of (Check one): ☐ Part 1 - Creditors with Priority Unsecured Claims☐ Part 2- Creditors with Nonpriority Unsecured Claims

Last 4 digits of ____

Debtor 1 Ceddes Sean Schubert Gibbs Case number _____
First Name Middle Name Last Name

Part 4- Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159.
Add the amounts for each type of unsecured claim.

Total \$57,323.24

Total claims
from Part 1

6a. Domestic support obligations

6a. \$ _____

6b. Taxes and certain other debts you owe the
government

6b. \$ _____

6c. Claims for death or personal injury while you were
intoxicated

6c. \$ _____

6d. Other. Add all other priority unsecured claims.
Write that amount here.

6d. + \$ _____

6e. Total. Add lines 6a through 6d.

6e.

\$ _____

Total claims
from Part 2

6f. Student loans

6f. \$ _____

6g. Obligations arising out of a separation agreement
or divorce that you did not report as priority
claims

6g. \$ _____

6h. Debts to pension or profit-sharing plans, and other
similar debts

6h. \$ _____

6i. Other. Add all other nonpriority unsecured claims.
Write that amount here.

6i. + \$ _____

6j. Total. Add lines 6f through 6i.

6j.

\$ _____

Total claim _____

Fill in this information to identify your case:

Debtor 1 Geddes Sean Schubert Gibbs
First Name Middle Name Last Name

Debtor 2 _____
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: Middle District of Pennsylvania
(State)

Case number _____
(if known)

☐ Check if this is an amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

1. Do you have any executory contracts or unexpired leases?

- ☐ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
- ☐ Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Property* (Official Form 106A/B).

2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease

State what the contract or lease is for

2.1

Number Street

City State ZIP Code

2.2

Number Street

City ZIP Code

2.3

Number Street

City State ZIP Code

2.4

Number Street

State ZIP Code

2.5

Number Street

City State ZIP Code

Debtor 1 Geddes Sean Schubert Gibbs
First Name Middle Name Last Name

Case number _____

Additional Page if You Have More Contracts or Leases

Person or company with whom you have the contract or lease

What the contract or lease is for

2.

Number Street

City State ZIP Code

Number Street

City ZIP Code

Number Street

City State ZIP Code

2

Number Street

City ZIP Code

Number Street

City ZIP Code

Number Street

City State ZIP Code

2

Name

Number Street

City ZIP Code

Number Street

City ZIP Code

Fill in this information to identify your case:

Debtor 1 Geddes Sean Schubert Gibbs
First Name Middle Name Last Name

Debtor 2 _____
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: Middle District of Pennsylvania
(State)

Case number _____
(if known)

☐ Check if this is an amended filing

Official Form 106H

Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

1. Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor)

- ☐ No
☐ Yes

2. Within the last 8 years, have you lived in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

- ☐ No. Go to line 3.
☐ Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?

- ☐ No
☐ Yes. In which community state or territory did you live? _____ Fill in the name and current address of that person.

Name of your spouse, former spouse, or legal equivalent

Number Street

City State ZIP Code

3 In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

Column 1 Your codebtor

Column 2 The Creditor to whom you owe the debt

3.1

Name

- ☐ Schedule D, line _____
☐ Schedule E/F, line _____
☐ Schedule _____

3.2

Name

Number Street

- ☐ Schedule D, line _____
☐ Schedule E/F, line _____
☐ Schedule G, line _____

3.3

Number Street

- ☐ Schedule _____
☐ Schedule E/F, line _____
☐ Schedule G, line _____

Debtor 1

Geddes

First Name

Sean Schubert

Middle Name

Gibbs

Last Name

Case number

Additional Page to List More Codebtors**Column 1 Your codebtor****Column 2 The creditor to whom you owe the debt**

Check all schedules that apply

3

 Street

☐ Schedule D, line _____☐ Schedule E/F, line _____☐ Schedule G, line _____

3

 Street

☐ Schedule _____☐ Schedule E/F, line _____☐ Schedule G, line _____

3

 Street

☐ Schedule D, line _____☐ Schedule E/F, line _____☐ Schedule G, line _____

3

 Street

☐ Schedule D, line _____☐ Schedule E/F, line _____☐ Schedule G, line _____

3

 Street

State ZIP Code

☐ Schedule _____☐ Schedule E/F, line _____☐ Schedule G, line _____

3

 Street

☐ Schedule D, line _____☐ Schedule E/F, line _____☐ Schedule G, line _____

3

 Street

State ZIP Code

☐ Schedule _____☐ Schedule E/F, line _____☐ Schedule G, line _____

0

 Street

☐ Schedule D, line _____☐ Schedule E/F, line _____☐ Schedule G, line _____

IPr,

Fill in this information to identify your case:

Debtor 1 Geddes Sean Schubert Gibbs
First Name Middle Name Last Name

Debtor 2 _____
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: Middle District of Pennsylvania
(State)

Case number _____
(if known)

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

Official Form 1061

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1- Describe Employment

1 Fill in your employment information.

If have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student homemaker, if it applies.

	Debtor 1	Debtor 2 or non-filing spouse	
	<u>Geddes</u>	<u>Sean Schubert</u>	<u>Gibbs</u>
Employment status	<input checked="" type="checkbox"/> Employed <input type="checkbox"/> Not employed	<input type="checkbox"/> Employed <input type="checkbox"/> Not employed	
Occupation	<u>COUNSELOR</u>		
Employer's name	<u>LIVE LIFE SERVICES, LLC</u>		
Employer's address	<u>804 SARAH ST.</u> Number Street		Number Street
	<u>STROUDSBURG</u> <u>PA 18360</u> City State ZIP Code		City State ZIP Code
How long employed there?	<u>2 YEARS</u>		

Part 2- Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

	For Debtor 1	For Debtor 2 or non-filing spouse
2 List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	2. <u>\$4,000.00</u>	
3 Estimate and list monthly overtime pay.	3. + _____ + \$ _____	
4 Calculate gross income. Add line 2 + line 3.	4. <u>\$4,000.00</u>	<u>\$0.00</u>

\$ \$4,000.00
(Total Combined Income)

Debtor 1 Geddes Sean Schubert Gibbs Case number _____
First Name Middle Name Last Name

	For Debtor 1	For Debtor 2 filing
Copy line 4 here	44. <u>\$4,000.00</u>	<u>\$0.00</u>

5 List all payroll deductions:

Tax, Medicare, and Social Security deductions	5a. _____	_____
5b. Mandatory contributions for retirement plans	5b. _____	_____
Voluntary contributions for retirement plans	5c. _____	_____
5d. Required repayments of retirement fund loans	5d. <u>✓</u> _____	_____
Insurance	5e. _____	_____
5f. Domestic support obligations	5f. _____	_____
5g. Union dues	5g. _____	_____
5h. Other deductions. Specify: _____	5h+\$ _____	+ \$ _____

6 Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h.6. \$0.00 \$0.00

7 Calculate total monthly take-home pay. Subtract line 6 from line 4. 7. \$4,000.00 \$0.00

8 List all other income regularly received:

Net income from rental property and from operating a business, profession, or farm

Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.

8a. _____

8b. Interest and dividends

8b. _____

Family support payments that you, a non-filing spouse, or a dependent regularly receive

Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.

8c. _____

8d. Unemployment compensation

8d. _____

Social Security

8e. _____

8f. Other government assistance that you regularly receive ✓

Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.

Specify: _____ 8f. \$ _____ \$ _____

8g. Pension or retirement income

8g. \$ _____ \$ _____

8h. Other monthly income. Specify: _____ 8h. + \$ _____ + \$ _____

9 Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h. 9. \$0.00 \$0.00

10 Calculate monthly income. Add line 7 + line 9.

Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.

10. \$4,000.00 + \$0.00 = \$4,000.00

11 State all other regular contributions to the expenses that you list in Schedule J.

Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.

Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J.

Specify: _____ 11. + \$ _____

12 Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income.

Write that amount on the Summary of Your Assets and Liabilities and Certain Statistical Information, if it applies

12. \$4,000.00

Combined monthly income

13 Do you expect an increase or decrease within the year after you file this form?

☒ No.

☐ Yes. Explain: _____

Fill in this information to identify your case:

Debtor 1 Geddes Sean Schubert Gibbs
First Name Middle Name Last Name

Debtor 2
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: Middle District of Pennsylvania
(State)

Case number
(if known)

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

Official Form 106J

Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Describe Your Household

1. Is this a joint case?

- ☐ No. Go to line 2.
- ☐ Yes. Does Debtor 2 live in a separate household?
- ☐ No
- ☐ Yes. Debtor 2 must file Official Form 106J-2, Expenses for Separate Household of Debtor 2.

2. Do you have dependents?

- ☐ No
- ☐ Yes. Fill out this information for Debtor 1 or Debtor 2

Do not list Debtor 1 and Debtor 2.

Do not state the dependents' names.

Dependent's relationship to Debtor 1 or Debtor 2

Dependent's age

Does dependent live with you?

- ☐ No
- ☐ Yes
- ☐ No
- ☐ Yes
- ☐ No
- ☐ Yes
- ☐ No
- ☐ Yes
- ☐ No
- ☐ Yes

3. Do your expenses include expenses of people other than yourself and your dependents?

- ☐ No
- ☐ Yes

Part Estimate Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I- Your Income (Official Form 106A).

Your expenses

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

4. \$

If not included in line 4-

4a. Real estate taxes

4a. \$ \$1,200.00

4b. Property, homeowner's, or renter's insurance

4b. \$

4c. Home maintenance, repair, and upkeep expenses

4c. \$ \$400.00

4d. Homeowner's association or condominium dues

4d. \$

Your expenses

5. Additional mortgage payments for your residence, such as home equity loans	5.	\$ _____
6. Utilities:		
Ba. Electricity, heat, natural gas	Ba.	\$ \$250.00
6b. Water, sewer, garbage collection	6b.	\$ \$0.00
6c. Telephone, cell phone, Internet, satellite, and cable services	6c.	\$ \$350.00
6d. Other. Specify: _____	6d.	\$ _____
7. Food and housekeeping supplies	7.	\$ \$400.00
8. Childcare and children's education costs	8.	\$ \$120.00
9. Clothing, laundry, and dry cleaning	9.	\$ \$20.00
10. Personal care products and services	10.	\$ \$20.00
11. Medical and dental expenses	11.	\$ \$20.00
12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12.	\$ \$20.00
13. Entertainment, clubs, recreation, newspapers, magazines, and books	13.	\$ _____
14. Charitable contributions and religious donations	14.	\$ \$400.00
15. Insurance.		
Do not include insurance deducted from your pay or included in lines 4 or 20.		
15a. Life insurance	15a.	\$ \$98.00
15b. Health insurance	15b.	\$ _____
15c. Vehicle insurance	15c.	\$ \$150.00
15d. Other insurance. Specify: _____	15d.	\$ _____
16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____	16.	\$ _____
17. Installment or lease payments:		
17a. Car payments for Vehicle 1	17a.	\$ _____
17b. Car payments for Vehicle 2	17b.	\$ _____
17c. Other. Specify: _____	17c.	\$ _____
17d. Other. Specify: _____	17d.	\$ _____
18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule 1, Your Income (Official Form 1061).	18.	\$ _____
19. Other payments you make to support others who do not live with you. Specify: _____	19.	\$ _____
20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I- Your Income.		
20a. Mortgages on other property	20a.	\$ _____
20b. Real estate taxes	20b.	\$ _____
20c. Property, homeowner's, or renter's insurance	20c.	\$ _____
20d. Maintenance, repair, and upkeep expenses	20d.	\$ _____
20e. Homeowner's association or condominium dues	20e.	\$ _____
		\$1,848.00

21. Other. Specify: _____

21. +\$ _____

22. Calculate your monthly expenses.

22a. Add lines 4 through 21.

22a. \$ \$1,848.00

22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2

22b. \$ _____

22c. Add line 22a and 22b. The result is your monthly expenses.

22c. \$ \$1,848.00

23. Calculate your monthly net income.

23a. Copy line 12 (your *combined monthly income*) from Schedule I.

23a. \$ \$4,000.00

23b. Copy your monthly expenses from line 22c above.

23b. - \$ \$1,848.00

23c. Subtract your monthly expenses from your monthly income.

The result is your monthly net income.

23c. \$ \$2,152.00

24. Do you expect an increase or decrease in your expenses within the year after you file this form?

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

☐ No.

☐ Yes.

Explain here:

Fill in this information to identify your case:

Debtor 1 Geddes Sean Schubert Gibbs
First Name Middle Name Last Name

Debtor 2
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: Middle District of Pennsylvania
(State)

Case number
(if known)

☐ Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

☒ No

☐ Yes. Name of person _____ Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

X Geddes Sean Schubert Gibbs

Signature of Debtor 1

Date 2/26/24
MM / DD / yyyy

X

Signature of Debtor 2

Date 2/26/24
MM / (A) / yyyy

Fill in this information to identify your case:

Debtor 1 Geddes Sean Schubert Gibbs
First Name Middle Name Last Name

Debtor 2 _____
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: Middle District of Pennsylvania
(State)

Case number _____
(If known)

☐ Check if this is an amended filing

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

04/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 11- Give Details About Your Marital Status and Where You Lived Before

What is your current marital status?

- ☒ Married
☐ Not married

2 During the last 3 years, have you lived anywhere other than where you live now?

- ☒ No
☐ YES List all of the places you lived in the last 3 years. Do not include _____ you live now.

Debtor 1	Dates Debtor 1 lived there	Debtor 2	Dates Debtor 2 lived there
		<input type="checkbox"/> Same as Debtor 1	<input type="checkbox"/> Debtor 1
Number _____ Street _____	From _____ To _____	Number _____ Street _____	From _____ To _____
City _____ ZIP Code _____		City _____ ZIP Code _____	
		<input type="checkbox"/> Same as Debtor 1	<input type="checkbox"/> Same as Debtor 1
Number _____ Street _____	From _____ To _____	Number _____ Street _____	From _____ To _____
City _____ State _____ ZIP Code _____		City _____ State _____ ZIP Code _____	

Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

- ☒ No
☐ Yes. Make sure you fill out Schedule H- Your Creditors (Official Form 106H).

Part Explain the sources of your income

4 Did you have any income from employment or from operating a business during this year or the two previous calendar years?

Fill in the total amount of income you received from all jobs and all businesses, including part-time activities.
 If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

- ☒ No
☐ Yes. Fill in the details.

	Debtor 1		Debtor 2	
	Sources of income <small>Check all that apply.</small>	Gross Income from each source <small>(before deductions and exclusions)</small>	Sources of income <small>Describe below</small>	Gross Income from each source <small>(before deductions and exclusions)</small>
From January 1 of current year until the date you filed for bankruptcy:	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$ _____	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$ _____
For last calendar (January 1 to December 31, _____)	<input type="checkbox"/> Wages, <input type="checkbox"/> Operating	\$ _____	<input type="checkbox"/> Wages, <input type="checkbox"/> Operating	\$ _____
For the calendar year before that: (January 1 to December 31, _____ yyyy)	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$ _____	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$ _____

5 Did you any other during this the calendar

Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery.
 If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.

List each source and the gross income from each source separately. Do not include income that you listed in line 4.

- ☒ No
☐ Yes. Fill in the details.

	Debtor 1		Debtor 2	
	Sources of income <small>Describe below</small>	Gross income from each source <small>or, a A</small>	Sources of income <small>De-, lue uduh</small>	Gross income from each source <small>llow, aru s)</small>
From January 1 of current year until the date you filed for bankruptcy:	_____	\$ _____	_____	\$ _____
	_____	\$ _____	_____	\$ _____
	_____	\$ _____	_____	\$ _____
For last calendar year: (January 1 to December 31, _____)	_____	\$ _____	_____	\$ _____
	_____	\$ _____	_____	\$ _____
	_____	\$ _____	_____	\$ _____
For the calendar year before that: (January 1 to December 31, _____ yyyy)	_____	\$ _____	_____	\$ _____
	_____	\$ _____	_____	\$ _____
	_____	\$ _____	_____	\$ _____

Debtor 1

Geddes

First Name

Sean Schubert

Middle Name

Gibbs

Last Name

Case number

Part 3-**List Certain Payments You Made Before You Filed for Bankruptcy**

either Debtor 1's or Debtor 2's debts primarily consumer debts?

- ☒ No. Neither Debtor 1 nor Debtor 2 has primarily consumer debts. *Consumer debts* are defined in 11 U.S.C. § 101 (8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,225* or more?

☐ No. Go to line 7.

☐ Yes. List below each creditor to whom you paid a total of \$6,225* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

* Subject to adjustment on 4/01/16 and every 3 years after that for cases filed on or after the date of adjustment.

- ☒ Yes. Debtor 1 or Debtor 2 or both have primarily consumer debts.

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

☐ No. Go to line 7.

☐ Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

	Dates payment	Total paid	Amount still	this payment for
Creditor's Name _____	_____	\$ _____	\$ _____	<input type="checkbox"/> Mortgage
Number Street _____	_____			<input type="checkbox"/> Car
_____	_____			<input type="checkbox"/> Credit card
_____	_____			<input type="checkbox"/> Loan repayment
				<input type="checkbox"/> Suppliers or vendors
				<input type="checkbox"/> Other _____
Creditor's Name _____	_____	\$ _____	\$ _____	<input type="checkbox"/> Mortgage
Number Street _____	_____			<input type="checkbox"/> Car
_____	_____			<input type="checkbox"/> Credit card
_____	_____			<input type="checkbox"/> Loan repayment
City _____ State _____ ZIP Code _____				<input type="checkbox"/> Suppliers or vendors
				<input type="checkbox"/> Other _____
Creditor's Name _____	_____	\$ _____	\$ _____	<input type="checkbox"/> Mortgage
Number Street _____	_____			<input type="checkbox"/> Car
_____	_____			<input type="checkbox"/> Credit card
_____	_____			<input type="checkbox"/> Loan repayment
City _____ State _____ ZIP Code _____				<input type="checkbox"/> Suppliers or vendors
				<input type="checkbox"/> Other _____

Debtor 1

Geddes

First Name

Sean Schubert

Middle Name

Gibbs

Last Name

Case number

7. Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?

Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, as child support and alimony.

☐ No☐ Yes. List all payments to an insider.

Insider's Name	Dates of payment	Total Amount paid	Amount you still owe.	Reason for this payment
Insider's Name		\$	\$	
Number Street				
Insider's Name		\$	\$	
Number Street				
City	State	ZIP Code		

8 Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?

Include payments on debts guaranteed or cosigned by an insider.

☐ No☐ Yes. List all payments that benefited an insider.

Insiders Name	Dates of payment	Total Amount paid	Amount you still owe.	Reason for this payment
Insiders Name		\$	\$	
Number Street				
City	State	ZIP Code		
Insider's Name		\$	\$	
Number Street				

Part 4- Identify Legal Actions, Repossessions, and Foreclosures

9 Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?

List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

- ☐ No
☒ Yes. Fill in the details.

	Nature of the case	Court or agency	Status of the case
Case title <u>GEDDES GIBBS VS</u>	<u>Civil Rights</u>	<u>UNITED STATES BANKRUPTCY COURT</u>	<input type="checkbox"/> Pending
<u>GODDARD</u>			<input type="checkbox"/> On appeal
			<input checked="" type="checkbox"/> Concluded
Case title _____		Street _____	<input type="checkbox"/> Pending
			<input type="checkbox"/> On appeal
Case number _____		Street _____	<input type="checkbox"/> Concluded
		State _____ ZIP Code _____	

10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied?

Check all that apply and fill in the details below.

- ☐ No. Go to line 11.
☐ Yes. Fill in the information below.

Describe the property	Date	Value of the property
Creditor's Name _____	_____	\$ _____
Number Street _____	Explain _____ happened	
_____	<input type="checkbox"/> Property repossessed.	
_____	<input type="checkbox"/> Property was foreclosed.	
City _____	<input type="checkbox"/> Property was garnished.	
	<input type="checkbox"/> Property was attached, seized or levied	
Describe the property _____	Date _____	Value of the property _____
Creditor's Name _____	_____	\$ _____
Number Street _____	Explain _____ happened	
_____	<input type="checkbox"/> Property repossessed.	
_____	<input type="checkbox"/> Property was foreclosed.	
City _____ State ZIP Code _____	<input type="checkbox"/> Property was garnished.	
	<input type="checkbox"/> Property attached, _____ levied.	

Debtor 1 Geddes Sean Schubert Gibbs
First Name Middle Name Last Name

Case number _____

11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, setoff any amounts from your or refuse to make a payment because you owed a debt?

- ☒ No
☐ Yes. Fill in the details.

	Describe the action the creditor took	Date action taken	Amount
Creditor's Name			\$
Number Street			
City	State	ZIP Code	Last 4 digits of account number: XXXX- _____

- ☐ No
☐ Yes

Part 5- List Certain Gifts and Contributions

13 Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?

- ☒ No
☐ Yes. Fill in the details for each gift.

Gifts with total or more than \$00 per person	Describe the gifts	Dates you gave the gifts	Value
Person to Whom You Gave the Gift			\$
			\$
Number Street			
City	State	ZIP Code	
Person's relationship to you			
Gifts with a total value of more than \$600	Describe gifts	you gave	Value
Person to Whom You Gave the Gift			\$
			\$
Number Street			
City	State	ZIP Code	
Person's relationship to you			

Debtor 1 Geddes Sean Schubert Gibbs Case number _____
First Name Middle Name Last Name

14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?

- ☒ No
☐ Yes Fill the details for each gift or contribution.

Gifts that total more than \$600	Describe contributed	Date contributed	Value
Charity's Name			\$ _____
			\$ _____
Number Street			
City State ZIP Code			

Part 6- List Certain Losses

15 Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, gambling?

- ☐ No
☐ Yes. Fill in the details.

Describe the property you lost and how the loss occurred	Describe any insurance coverage for the loss <small>Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B Property.</small>	Date of your loss.	Value of property
			\$ _____

Part 7: List Certain Payments Transfers

16. Within 1 _____ before you filed bankruptcy, did you _____ acting _____ behalf pay _____ transfer _____ property to _____ you
consulted about seeking bankruptcy or preparing a bankruptcy petition?
Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.

- ☐ No
☐ Yes. Fill in the details.

Person Who Was Paid	Description and value of any property transferred	Date payment transfer was made	of payment
Number Street			\$ _____
			\$ _____
City State ZIP Code			
Email or website address			
Person Who Made the Payment, If Not You			

Debtor 1

Geddes

First Name

Sean Schubert

Middle Name

Gibbs

Last Name

Case number _____

Description and value of any property transferred	Date payment	Amount of payment
Person Who Was Paid _____	_____	\$ _____
Number Street _____	_____	\$ _____

City _____ State _____ ZIP Code _____		
Email or website address _____		
Person Who Made the Payment, if Not You _____		

17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?
Do not include any payment or transfer that you listed on line 16.

- ☐ No
☐ Yes. Fill in the details.

Description and value of any property transferred	Date payment transfer was	Amount of payment
Person Who Was Paid _____	_____	\$ _____
Number Street _____	_____	\$ _____

City _____ State _____ ZIP Code _____		

18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer property to anyone other than property transferred in the ordinary course of your business financial
Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property).
Do not include gifts and transfers that you have already listed on this statement.

- ☐ No
☐ Yes. Fill in the details.

Description and value of property transferred	Describe property payments received or debts paid exchange	Date transfer
Person Who Received Transfer _____		_____
Number Street _____		

City _____ State _____ ZIP Code _____		
relationship _____		
Person Who Received Transfer _____		_____
Number Street _____		

City _____ State _____ ZIP Code _____		
Person's relationship to you _____		

19 Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you a beneficiary? (These are often called asset-protection devices.)

- ☒ No
☐ Yes. Fill in the details.

	Description and value of the property transferred	Date transfer was made
Name of trust _____	_____	_____
_____	_____	_____

Part 2- List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units

20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.

- ☐ No
☐ Yes. Fill in the details.

	Last 4 digits of account number	Type of account or instrument	Date account closed sold, or transferred	Last balance before closing
Name of Financial Institution _____	XXXX _____	<input type="checkbox"/> Checking	_____	\$ _____
Number Street _____		<input type="checkbox"/> Savings		
_____		<input type="checkbox"/> Money market		
City _____ State _____ ZIP Code _____		<input type="checkbox"/> Brokerage		
		<input type="checkbox"/> Other _____		
_____	_____	<input type="checkbox"/> Checking	_____	\$ _____
Number Street _____		<input type="checkbox"/> Savings		
_____		<input type="checkbox"/> Money market		
City _____ State _____ ZIP Code _____		<input type="checkbox"/> Brokerage		
		<input type="checkbox"/> Other _____		

21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?

- ☐ No
☐ Yes. Fill in the details.

	Who else had access to it?	Describe the contents	Do you still have
Name of Financial Institution _____	Name _____	_____	<input type="checkbox"/> No
Number Street _____	Number Street _____		<input type="checkbox"/> Yes
_____	_____		
City _____ State _____ ZIP Code _____	City _____ State _____ ZIP Code _____		

22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?

- ☒ No
☐ Yes. Fill in the details.

	Who else has or had to it?	Describe the contents	Do you still have it?
Name of Storage Facility	Name		<input type="checkbox"/> No <input type="checkbox"/> Yes
Number Street	Number Street		
	City State ZIP Code		

Identify Property You Hold or Control for Someone Else

23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.

- ☐ No
☐ Yes. Fill in the details.

	Where property?	Describe the property	Value
Owner's Name			\$ _____
Number Street	Number Street		
City State ZIP Code	City State ZIP Code		

Part 10: Give Details About Environmental Information

For the purpose of Part 10, the following definitions apply:

Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.

Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.

Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?

- ☐ No
☐ Yes. Fill in the details.

	Governmental	Environmental Law if you know it.	Date of notice
Name of site	Governmental unit		
Number Street	Number Street		
	City State ZIP Code		
City State ZIP Code			

25. Have you notified any governmental unit of any release of hazardous material?

- ☒ No
☐ Yes. Fill in the details.

	Governmental	Environmental	If you know it	Date
Name of site	Governmental unit			
Number Street	Number Street			
	City State ZIP Code			

26. you party any judicial administrative proceeding any environmental Include settlements and

- ☒ No
☐ Yes. Fill in the details.

	Court or agency	Nature of the case	Status of the
Case title	Court Name		<input type="checkbox"/> Pending
	Number Street		<input type="checkbox"/> appeal
			<input type="checkbox"/> Concluded
Case number	City State ZIP Code		

Give Details About Your Business or Connections to Any Business

Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?

- ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time
☐ A member of a limited liability company (LLC) or limited liability partnership (LLP)
☐ A partner in a partnership
☐ An officer, director, or managing executive of a corporation
☐ An owner of at least 5% of the voting or equity securities of a corporation

- ☐ No. None of the above applies. Go to Part 12.
☐ Yes. Check all that apply above and fill in the details below for each business

Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN
Business Name	EIN: _____
Number Street	_____ existed _____ To _____
Name of accountant or bookkeeper	
Describe the nature of the business	Employer Identification number Include Social Security number or ITIN
Business Name	EIN- _____
Number Street	Dates _____
Name bookkeeper	From _____ To _____
City State ZIP Code	

Debtor 1 Geddes Sean Schubert Gibbs Case number _____
First Name Middle Name Last Name

Describe the nature of the business _____
Business Name _____
Number Street _____
Name of accountant or bookkeeper _____
City _____ State _____ ZIP Code _____

Employer Identification
Do not include Social Security number or ITIN

EIN: _____

existed

_____ To _____

28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.

- ☐ No
☐ Yes. Fill in the details below.

Date issued

Name _____ MM | DD | YYYY
Number Street _____
City _____ State _____ ZIP Code _____

Part 12: Sign Below

I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Geddes Sean Schubert Gibbs
Signature of Debtor 1

Signature of Debtor 2

Date 2/26/24

Date _____

Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)?

- ☐ No
☒ Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

- ☒ No
☐ Yes. Name of person _____

Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

Fill in this information to identify your case:

Debtor 1	<u>Geddes</u>	<u>Sean Schubert</u>	<u>Gibbs</u>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)			
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<u>Middle</u>	District of	<u>Pennsylvania</u>
			(State)
Case number (if known)			

Check as directed in lines 17 and 21:

According to the calculations required by this Statement:

- ☒ 1. Disposable income is not determined under 11 U.S.C. § 1325(b)(3).
- ☐ 2. Disposable income is determined under 11 U.S.C. § 1325(b)(3).
- ☒ 3. The commitment period is 3 years.
- ☐ 4. The commitment period is 5 year

☐ Check if this is an amended filing

Official Form 122C-1

Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

Part 1: Calculate Your Average Monthly Income

1. What is your marital and filing status? Check one only.

☐ Not married. Fill out Column A, lines 2-11.

☒ Married. Fill out both Columns A and B, lines 2-11.

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101 For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

Column A
Debtor 1

Column B
Debtor 2 or
non-filing spouse

2. Your gross wages, salary, tips, bonuses, overtime, and commissions (before all payroll deductions).

\$ _____ \$ _____

3. Alimony and maintenance payments. Do not include payments from a spouse.

\$ _____ \$ _____

4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Do not include payments from a spouse. Do not include payments you listed on line 3.

\$ _____ \$ _____

6. Net income from operating a business, profession, or farm

Debtor 1 Debtor 2

Gross receipts (before all deductions)

\$2500 \$ _____

Ordinary and necessary operating expenses

- \$ _____ - \$ _____

Net monthly income from a business, profession, or farm

\$2500 \$ _____

Copy here -> \$2500 \$450

6. Net income from rental and other real property

Debtor 1 Debtor 2

Gross receipts (before all deductions)

\$ _____ \$ _____

Ordinary and necessary operating expenses

- \$ _____ - \$ _____

Net monthly income from rental or other real property

\$ _____ \$ _____

Copy here -> \$ _____ \$ _____

Debtor 1

Geddes

First Name

Sean Schubert

Middle Name

Gibbs

Last Name

Case number

Column A
Debtor 1Column B
Debtor 2 or
non-filing spouse

7. Interest, dividends, and royalties

\$ _____

\$ _____

8. Unemployment compensation

\$ _____

\$ _____

Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here:

For you _____ \$ _____

For your spouse _____ \$ _____

9. Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act.

\$ _____

\$ _____

10. Income from all other sources not listed above. Specify the source and amount.

Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total below.

\$ _____

\$ _____

\$ _____

\$ _____

Total amounts from separate pages, if any.

\$ _____

+ \$ _____

11. Calculate your total average monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B.

\$ _____

+

\$ _____

\$ 0

Total average
monthly income**Part 2: Determine How to Measure Your Deductions from Income**

12. Copy your total average monthly income from line 11.

\$ 2500

13. Calculate the marital adjustment. Check one:

☐ You are not married. Fill in 0 below.☐ You are married and your spouse is filing with you. Fill in 0 below.☒ You are married and your spouse is not filing with you.

Fill in the amount of the income listed in line 11, Column B, that was NOT regularly paid for the household expenses of you or your dependents, such as payment of the spouse's tax liability or the spouse's support of someone other than you or your dependents.

Below specify the basis for excluding this income and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page.

If this adjustment does not apply, enter 0 below.

_____ \$ _____

_____ \$ _____

_____ + \$ _____

Total _____ \$ _____

Copy here +

14. Your current monthly income. Subtract the total in line 13 from line 12.

2500

15. Calculate your current monthly income for the year. Follow these steps:

15a. Copy line 14 here -> _____

\$ 2500

Multiply line 15a by 12 (the number of months in a year).

x 12

15b. The result is your current monthly income for the year for this part of the form

30000

\$ 30000

16. Calculate the median family income that applies to you. Follow these steps:

16a. Fill in the state in which you live. _____

16b. Fill in the number of people in your household. 3

16c. Fill in the median family income for your state and size of household. \$2800

To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.

17. How do the lines compare?

17a. ☐ Line 15b is less than or equal to line 16c. On the top of page 1 of this form, check box 1, Disposable income is not determined under 11 U.S.C. § 1325(b)(3). Go to Part 3. Do NOT fill out Calculation of Your Disposable Income (Official Form 122C-2)-

17b. ☒ Line 15b is more than line 16c. On the top of page 1 of this form, check box 2, Disposable income is determined under 11 U.S.C. § 1325(b)(3). Go to Part 3 and fill out Calculation of Your Disposable Income (Official Form 122C-2).
On line 39 of that form, copy your current monthly from line 14 above.

Part 3-

Calculate Your Commitment Period Under 11 U.S.C. § 1325(b)(4)

18. Copy your total average monthly income from line 11. \$2500

19. Deduct the marital adjustment if it applies. If you are married, your spouse is not living with you and you intend that calculating the commitment period under 11 U.S.C. § 1325(b)(4) allows you to deduct part of your spouse's income, copy the amount from line 13.

19a. If the marital adjustment does not apply, fill in 0 on line 19a. 0

19b. Subtract line 19a from line 18. \$2500

20. Calculate your current monthly income for the year. Follow these steps:

20a. Copy line 19b. \$2500

Multiply by 12 (the number of months in a year).

x 12

20b. The result is your current monthly income for the year for this part of the form \$30000

20c. Copy the median family income for your state and size of household from line 16c \$30000

21. How do the lines compare?

☒ Line 20b is less than line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 3, The commitment period is 3 years. Go to Part 4.

☐ Line 20b is more than or equal to line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 4, The commitment period is 5 years. Go to Part 4.

Part 4:

Sign Below

By signing here, under penalty of perjury I declare that the information in this statement and in any attachments is true and correct.

X Geddes Sean Schubert Gibbs
Signature of Debtor 1

X _____
Signature of Debtor 2

DATE: 2/26/2024
MM/DD/YYYY

Date 3/23/2023
MM / DD / YYYY

If you checked 17a, do NOT fill out or file Form 122C-2.

If you checked 17b, fill out Form 122C-2 and file it with this form. On line 39 of that form, copy your current monthly income from line 14 above.

Fill in this information to identify your case:

Debtor 1	<u>Geddes</u>	<u>Sean Schubert</u>	<u>Gibbs</u>
	First Name	Middle Name	Last Name
Debtor 2			
(Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<u>Middle</u>	District of	<u>Pennsylvania</u>
			(State)
Case number			
(If known)			

☐ Check if this is an amended filing

Official Form 122C-2

Chapter 13 Calculation of Your Disposable Income

04119

To fill out this form, you will need your completed copy of Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period (Official Form 122C-1).

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

Part 1, Calculate Your Deductions from Your Income

The Internal Revenue Service (IRS) issues, National and Local Standards for certain expense amounts. Use these amounts to answer the questions in lines 6-15. To find the IRS standards, go online using the link specified in the separate Instructions for this form. This information may also be available at the bankruptcy clerk's office.

Deduct the expense amounts set forth in lines 6-15 regardless of your actual expense. In other parts of the form, you will use some of your actual expenses if they are higher than the standards. Do not include any operating expenses that you subtracted from income in lines 5 and 6 of Form 122C-1, and do not deduct any amounts that you subtracted from your spouse's income in line 13 of Form 122C-1.

If your expenses differ from month to month, enter the average expense.

Note: Line numbers 1-4 are not used in this form. These numbers apply to information required by a similar form used in chapter 7 cases.

5. The number of people used in determining your deductions from income

Fill in the number of people who could be claimed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support. This number may be different from the number of people in your household.

National
Standards

You must use the IRS National Standards to answer the questions in lines 6-7.

B. Food, clothing, and other items: Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for food, clothing, and other items.

\$400

7. Out-of-pocket healthcare allowance: Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for out-of-pocket health care. The number of people is split into two categories—people who are under 65 and people who are 65 or older—because older people have a higher IRS amount for health care costs. If your actual expenses are higher than this IRS amount, you may deduct the additional amount on line 22.

People who are under 66 years of age7a. Out-of-pocket health care allowance per person \$ 757b. Number of people who are under 65 X 47c. Subtotal. Multiply line 7a by line 7b. \$300 copy here -> \$ 300**People who are 65 years of age or older**7d. Out-of-pocket health care allowance per person \$ 07e. Number of people who are 65 or older X 07f. Subtotal. Multiply line 7d by line 7e. \$0 Copy here -> + \$ 07g. Total. Add lines 7c and 7f. \$300 Copy here + \$300**Local Standards**

You must use the IRS Local Standards to answer the questions in lines 8-15.

Based on information from the IRS, the U.S. Trustee Program has divided the IRS Local Standard for housing for bankruptcy purposes into two parts:

- Housing and utilities - Insurance and operating expenses
- Housing and utilities - Mortgage or rent expenses

To answer the questions in lines 8-9, use the U.S. Trustee Program chart. To find the chart, go online using the link specified in the separate instructions for this form. This chart may also be available at the bankruptcy clerk's office.

8. Housing and utilities - Insurance and operating expenses: Using the number of people you entered in line 5, fill in the dollar amount listed for your county for insurance and operating expenses. \$400

9. Housing and utilities - Mortgage or rent expenses:

9a. Using the number of people you entered in line 5, fill in the dollar amount listed for your county for mortgage or rent expenses. \$1600

9b. Total average monthly payment for all mortgages and other debts secured by your home.

To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Next divide by 60.

Name of the creditor	Average monthly payment
N/A (I DO NOT HAVE A MORTGAGE)	\$0
	\$
	+ \$

9b. Total average monthly payment \$0 Copy here -> - \$ 0 Repeat this amount on line 33a.

9c. Net mortgage or rent expense.

Subtract line 9b (total average monthly payment) from line 9a (mortgage or rent expense). If this number is less than \$0, enter \$0. \$0 ~ Copy here + \$0

10. If you claim that the U.S. Trustee Program's division of the IRS Local Standard for housing is incorrect and affects the calculation of your monthly expenses, fill in any additional amount you claim. \$

Explain why:

ii. **Local transportation expenses:** Check the number of vehicles for which you claim an ownership or operating expense.



0. Goto line 14.



1 - Go to line 12.



2 or more. Go to line 12.

12. **Vehicle operation expense:** Using the IRS Local Standard and the number of vehicles for which you claim the operating expenses, fill in the Operating Costs that apply for your Census region or metropolitan statistical area.

\$200

13. **Vehicle ownership or lease expense:** Using the IRS Local Standards, calculate the net ownership or lease expense for each vehicle below. You may not claim the expense if you do not make any loan or lease payments on the vehicle. In addition, you may not claim the expense for more than two vehicles.

Vehicle 1 Describe Vehicle 1, _____

13a. Ownership or leasing costs using IRS Local Standard ----- \$ _____

13b. Average monthly payment for all debts secured by Vehicle 1.

Do not include costs for leased vehicles.

To calculate the average monthly payment here and on line 13e, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide by 60.

Name of each creditor for Vehicle 1

Average monthly payment

_____ \$ _____

_____ + \$ _____

Total average monthly payment

\$ _____

Copy here

- \$ _____

Repeat this amount on line 33b.

13c. Net Vehicle 1 ownership or lease expense

Subtract line 13b from line 13a. If this number is less than \$0, enter \$0. -----

\$ _____

Copy net Vehicle 1 expense here +

\$ _____

Vehicle 2 Describe Vehicle 2 _____

13d. Ownership or leasing costs using IRS Local Standard ----- \$ _____

13e. Average monthly payment for all debts secured by Vehicle 2.

Do not include costs for leased vehicles.

Name of each creditor for Vehicle 2

Average monthly payment

_____ \$ _____

_____ + \$ _____

Total average monthly payment

\$ _____

Copy here +

- \$ _____

Repeat this amount on line 33c.

13f. Net Vehicle 2 ownership or lease expense

Subtract line 13e from line 13d. If this number is less than \$0, enter \$0. -----

\$ _____

Copy net Vehicle 2 expense here +

\$ _____

14. **Public transportation expense:** If you claimed 0 vehicles in line 11, using the IRS Local Standards, fill in the Public Transportation expense allowance regardless of whether you use public transportation,

\$ _____

15. **Additional public transportation expense:** If you claimed 1 or more vehicles in line 11 and if you claim that you may also deduct a public transportation expense, you may fill in what you believe is the appropriate expense, but you may not claim more than the IRS Local Standard for Public Transportation.

\$ _____

Other Necessary Expenses

In addition to the expense deductions listed above, you are allowed your monthly expenses ☐ or the following IRS categories.

16. **Taxes:** The total monthly amount that you actually pay for federal, state and local taxes, such as income taxes, self-employment taxes, social security taxes, and Medicare taxes. You may include the monthly amount withheld from your pay for these taxes. However, if you expect to receive a tax refund, you must divide the expected refund by 12 and subtract that number from the total monthly amount that is withheld to pay for taxes. Do not include real estate, sales, or use taxes. \$ _____
17. **Involuntary deductions:** The total monthly payroll deductions that your job requires, such as retirement contributions, union dues, and uniform costs. Do not include amounts that are not required by your job, such as voluntary 401 (k) Contributions or payroll savings. \$ _____
18. **Life insurance:** The total monthly premiums that you pay for your own term life insurance. If two married people are filing together, include payments that you make for your spouse's term life insurance. Do not include premiums for life insurance on your dependents, for a non-filing spouse's life insurance, or for any form of life insurance other than term. \$ 400
19. **Court-ordered payments:** The total monthly amount that you pay as required by the order of a court or administrative agency, such as spousal or child support payments. Do not include payments on past due obligations for spousal or child support. You will list these obligations in line 35. \$ _____
20. **Education:** The total monthly amount that you pay for education that is either required:
 • as a condition for your job, or
 • for your physically or mentally challenged dependent child if no public education is available for similar services. \$ _____
21. **Childcare:** The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool. Do not include payments for any elementary or secondary school education. \$ _____
22. **Additional health care expenses, excluding insurance costs:** The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7. Payments for health insurance or health savings accounts should be listed only in line 25. \$ _____
23. **Optical telephones and telephone services:** The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer. Do not include payments for basic home telephone, internet or cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Form 122C-1, or any amount you previously deducted. + \$ _____
24. **Add all of the expenses allowed under the IRS expense allowances.** Add lines 6 through 23. \$ _____

Additional Expense Deductions

These are additional deductions allowed by the Means Test.
 Note Do not include any expense allowances listed in lines 6-24.

25. **Health insurance, disability insurance, and health savings account expenses.** The monthly expenses for health insurance, disability insurance, and health savings accounts that are reasonably necessary for yourself, your spouse, or your dependents.

Health insurance	\$ 125.00	
Disability Insurance	\$ _____	
Health savings account	+ \$ 300	
Total		\$ 425.00

Do you actually spend this total amount?

☒ No How much do you actually spend? \$ 200.00
☐ Yes

26. **Continuing contributions to the care of household or family members.** The actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. These expenses may include contributions to an account of a qualified ABLE program. 26 U.S.C. § 529A(b). \$ _____
27. **Protection against family violence.** The reasonably necessary monthly expenses that you incur to maintain the safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply. By law, the court must keep the nature of these expenses confidential. \$ _____

28. Additional home energy costs. Your home energy costs are included in your insurance and operating expenses on line 8. If you believe that you have home energy costs that are more than the home energy costs included in expenses on line 8, then fill in the excess amount of home energy costs.

You must give your case trustee documentation of your actual expenses, and you must show that the additional amount claimed is reasonable and necessary.

\$ 100

29. Education expenses for dependent children who are younger than 18. The monthly expenses (not more than \$170.83* per child) that you pay for your dependent children who are younger than 18 years old to attend a private or public elementary or secondary school.

You must give your case trustee documentation of your actual expenses, and you must explain why the amount claimed is reasonable and necessary and not already accounted for in lines 6-23.

* Subject to adjustment on 4101/22, and every 3 years after that for cases begun on or after the date of adjustment.

\$ 400

30. Additional Food and clothing expense. The monthly amount by which your actual food and clothing expenses are higher than the combined food and clothing allowances in the IRS National Standards. That amount cannot be more than 5% of the food and clothing allowances in the IRS National Standards.

To find a chart showing the maximum additional allowance, go online using the link specified in the separate instructions for this form. This chart may also be available at the bankruptcy clerk's office.

You must show that the additional amount claimed is reasonable and necessary.

\$ 600

31. Continuing charitable contributions. The amount that you will continue to contribute in the form of cash or financial instruments to a religious or charitable organization 11 U.S.C. § 548(d)(3) and (4).

Do not include any amount more than 15% of your gross monthly income.

+ \$ 400

32. Add all of the additional expense deductions

Add lines 25 through 31.

\$ 1500.00

Deductions for Debt Payment

33. For debts that are secured by an interest in property that you own, including home mortgages, vehicle loans, and other secured debt, fill in lines 33a through 33e.

To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide by 60.

Average monthly payment

Mortgages on your home

33a. Copy line 9b here

\$ _____

Loans on your first two vehicles

33b. Copy line 13b here.

\$ _____

33c. Copy line 13e here.

\$ _____

33d. List other secured debts:

Name of each creditor for other secured debt

Identify property that secures the debt

Does payment include taxes or insurance?

☐ No
☐ Yes

\$ _____

☐ No
☐ Yes

\$ _____

☐ No
☐ Yes

+ \$ _____

33a. Total average monthly payment. Add lines 33a through 33d.

\$ _____

Copy total
~ here +

\$ _____

34. Are any debts that you listed in line 33 secured by your primary residence, a vehicle, or other property necessary for your support or the support of your dependents?

☒ No. Go to line 35.

Yes. State any amount that you must pay to a creditor, in addition to the payments listed in line 33, to keep possession of your property (called the cure amount). Next, divide by 60 and fill in the information below.

Name of the creditor	Identify property that secures the debt	Total cum amount	Monthly cure amount
		\$_____ - 60 =	\$_____
		\$_____ - 60 =	\$_____
		\$_____ - 60 = + \$_____	
Total			\$_____
			Copy total here + \$_____

35. Do you owe any priority claims such as a priority tax child support, or alimony that are past due as of the filing date of your bankruptcy case? 11 U.S.C. § 507.

☒ No. Go to line 36.

Yes. Fill in the total amount of all of these priority claims. Do not include current or ongoing priority claims, such as those you listed in line 19.

Total amount of all past-due priority claims. \$_____ - 60 \$_____

36. Projected monthly Chapter 13 plan payment

\$700.00

Current multiplier for your district as stated on the list issued by the Administrative Office of the United States Courts (for districts in Alabama and North Carolina) or by the Executive Office for United States Trustees (for all other districts).

To find a list of district multipliers that includes your district, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.

X _____

Average monthly administrative expense

\$_____ Copy total here + \$700.00

37. Add all of the deductions for debt payment. Add lines 33e through 36.

\$_____

Total Deductions from Income

38. Add all of the allowed deductions.

Copy line 24, All of the expenses allowed under IRS expense allowances \$_____

Copy line 32, All of the adult expense deductions \$_____

Copy line 37, All of the deductions for debt payment + \$_____

Total deductions \$_____ Copy total here + \$0

Part 2, Determine Your Disposable Income Under 11 U.S.C. § 1325(b)(2)

39. Copy Your total current monthly income from line 14 of Form 122C-1, Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period. \$ 2950

40. Fill in any reasonably necessary income you receive for support for dependent children. The monthly average of any child support payments, foster care payments, or disability payments for a dependent child, reported in Part I of Form 122C-1, that you received in accordance with applicable nonbankruptcy law to the extent reasonably necessary to be expended for such child. \$ _____

41. Fill in all qualified retirement deductions. The monthly total of all amounts that your employer withheld from wages as contributions for qualified retirement plans, as specified in 11 U.S.C. § 541 (b)(7) plus all required repayments of loans from retirement plans, as specified in 11 U.S.C. § 362(b)(19). \$ _____

42. Total of all deductions allowed under 11 U.S.C. § 707(b)(2)(A). Copy line 38 here 4 \$ _____

43. Deduction for special circumstances. If special circumstances justify additional expenses and you have no reasonable alternative, describe the special circumstances and their expenses. You must give your case trustee a detailed explanation of the special circumstances and documentation for the expenses.

Describe the special circumstances	Amount of expense
_____	\$ _____
_____	\$ _____
_____	+ \$ _____

Total	\$ _____

Copy here
+ \$ _____

44. Total adjustments. Add lines 40 through 43 \$ _____ Copy Item 4

45. Calculate your monthly disposable income under § 1325(b)(2). Subtract line 44 from line 39.

\$ _____

Part 3- Change in Income or Expenses

46. Change in income or expenses. If the income in Form 122C-1 or the expenses you reported in this form have changed or are virtually certain to change after the date you filed your bankruptcy petition and during the time your case will be open fill in the information below. For example, if the wages reported increased after you filed your petition, check 1226-1 in the first column, enter line 2 in the second column, explain why the wages increased, fill in when the increase occurred, and fill in the amount of the increase.

Form	Line	Reason for change	Date of change	Increase or decrease?	Amount of change
<input type="checkbox"/> 122C-1	_____	_____	_____	<input type="checkbox"/> Increase	\$ _____
<input type="checkbox"/> 122C-2	_____	_____	_____	<input type="checkbox"/> Decrease	\$ _____
<input type="checkbox"/> 122C-1	_____	_____	_____	<input type="checkbox"/> Increase	\$ _____
<input type="checkbox"/> 122C-2	_____	_____	_____	<input type="checkbox"/> Decrease	\$ _____
<input type="checkbox"/> 122C-1	_____	_____	_____	<input type="checkbox"/> Increase	\$ _____
<input type="checkbox"/> 122C-2	_____	_____	_____	<input type="checkbox"/> Decrease	\$ _____
<input type="checkbox"/> 122C-1	_____	_____	_____	<input type="checkbox"/> Increase	\$ _____
<input type="checkbox"/> 122C-2	_____	_____	_____	<input type="checkbox"/> Decrease	\$ _____

Debtor 1 Geddes Sean Schubert Gibbs Case number _____
First Name Middle Name Last Name

Part 4: Sign Below

By signing here, under penalty of perjury you declare that the information on this statement and in any attachments is true and correct.

X Geddes Sean Schubert Gibbs
Signature of Debtor 1

X _____
Signature of Debtor 2

Date 2/26/2024
MM / DD yyyy

Date _____
MM / DD ;YYYY